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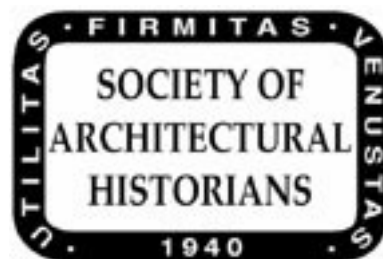
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Figure 1 Carlo von Boog and Erich Gschöpf (?), Emperor Franz Josef Crown Land Asylum at Mauer-Öhling, Lower Austria, 1902, mortuary (*Der Architekt* 9 [1903], 39)

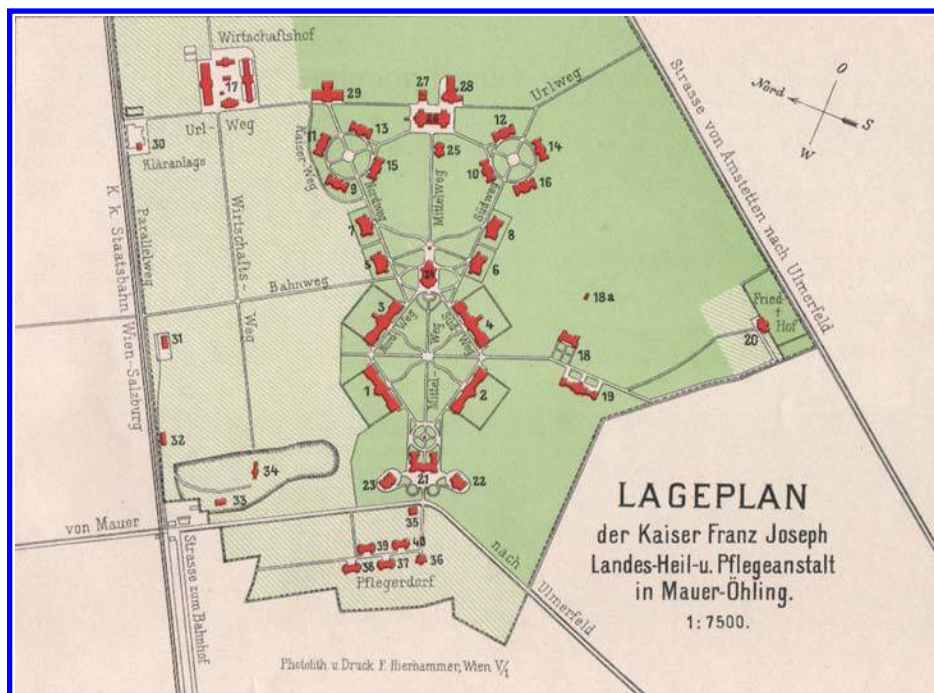


Figure 2 Asylum at Mauer-Öhling, site plan, with mortuary at 20 (*Die Kaiser Franz Joseph-Landes-Heil- und Pflege-Anstalt in Mauer-Öhling: Festschrift* [Vienna: N.-Ö. Landesausschuss, 1902] Lower Austrian Provincial Library, St. Pölten)

Complexity and Coherence

The Challenge of the Asylum Mortuary in Central Europe, 1898–1908

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In 1903 the progressive Vienna-based journal *Der Architekt* published an illustrated article on the buildings of the Lower Austrian Crown Land Lunatic Asylum at Mauer-Öhling, which had been opened the previous year.¹ The text described all forty buildings in the asylum complex as being executed in “the modern style.”² The images provided of the administration building, a patient pavilion, and the combined chapel and social center showed a combination of flat roofs, compact volumes, and abstracted classical ornament loosely based on the formal approach developed at the time in Vienna by Otto Wagner and his students. One building stood out as more seriously and self-consciously modeled on Wagner-school designs: the asylum mortuary (Figure 1).

The Mauer-Öhling asylum established a pattern that was repeated across the Habsburg Empire in the years leading up to the First World War. Like all new asylums in Germany and Austria-Hungary at the time, it corresponded to the villa system, meaning that in place of a single rambling building, a complex of free-standing structures serving different purposes was spread out across the asylum grounds (Figure 2). Resembling small suburban villa colonies or even towns, the new asylums contained separate buildings for common functions such as administration, worship, food

preparation, laundry, and farming, in addition to structures for housing and treating patients. At Mauer-Öhling we see for the first time the association of modern asylum planning with an openness to a new, progressive architectural and urbanistic language, an association repeated, with varying inflections, in the asylums at Steinhof in Vienna, and at Kroměříž in Moravia.³

Asylums were long-term residential institutions, and a significant percentage of their patients died while confined there, requiring that a space be set aside for dealing with the dead. In the previous generation of asylum buildings, the so-called corridor asylums, in which most functions were housed under one roof, spaces for the handling of dead bodies were either tacked on to the end of service wings, or housed in small isolated structures in the grounds. With the disintegration of the spaces and functions of the asylum into a complex of pavilions, or villas, the asylum mortuary emerged as a distinct architectural entity. It served as a combined workspace and stage for the various processes and rituals undertaken on the dead body of the patient. Most asylum mortuaries housed a morgue for the cool storage of corpses, a well-lit theater for autopsies, and a chapel in which the body was laid out and viewed by mourners and funeral rites were performed. Mortuaries were also invariably located on the edge of the asylum complex, with direct access for mourners from a public road, and as such had the additional, paradoxical role of serving as one of the buildings that represented the public face of the asylum.

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Asylum mortuary buildings thus had multilayered programs that required intricate coordination of site, access, and circulation. Each element of the program was connected with thorny, emotionally charged and ideologically loaded issues, with their own spatial and building-related dimensions. The practice of pathological anatomy (via autopsies of dead patients) was implicated in debates about the causes of mental illness and the role of the asylum (as opposed to the university) as a site for research. The multiple identities of the patient as research resource, member of the asylum community, and individual with connections to the world beyond the asylum were played out in the cramped spaces of the mortuary, as was the anxiety about patients dying within the asylum rather than leaving it cured. And the mortuary had to play its part in the presentation of a modern, humane public face for the asylum, while keeping the mourning public at a distance.

Behind the self-conscious simplicity of the building illustrated in *Der Architekt* was an unstable compound of death, mental illness, scientific research, publicity, and identity. The aim of this article is to interrogate the relationship between that architectural simplicity and the program's complexity. It will also present an alternative to the traditional narrative tracing the establishment of new building types in modernity; two subsequent asylum mortuary commissions, at the Steinhof asylum in Vienna and the Moravian asylum at Kroměříž, both of which were undertaken in full awareness of the Mauer-Öhling solution, resulted in sharply contrasting designs. All three buildings were designed in the sphere of progressive influence, and specifically Wagner-school ideas, but each offered a fundamentally different interpretation of largely similar requirements. The relationship between program and envelope subverts expectations: the purest Wagner-school example, at Mauer-Öhling, is the least expressive, indeed most suppressive, of purpose; the mortuary at Steinhof, part of a complex in which Wagner himself played the dominant design role, is the least coherent; and the Kroměříž example, the only one designed by a Wagner-Schüler, stretches that language until it can cope with contradiction.

The early modernist aspiration to reaffirm purpose as the starting point for all designs was radically challenged when faced with a program containing abrupt juxtapositions and unresolved contradictions. Architectural communication was challenged as well. Anthony Alofsin has argued that in early-twentieth-century multilingual Habsburg Central Europe in, the onus was on architects to create buildings that "spoke." In an era of competing cultures and political instability, nothing could be taken for granted about architectural communication; a generic muteness was not an

option.⁴ This article posits that the transformation of institutions and the resulting proliferation of new and increasingly complex programs and requirements—often combined with the early modernist orientation toward purpose—put extra pressure on architectural communication and, importantly, on architectural coherence. Architects were pushed to articulate the specifics of a brief (including practical and ideological requirements) while creating buildings that made sense. The abrupt juxtapositions of madness and death, science and religion, and institutional and "outside" realms in the program for the asylum mortuary threatened potential meaninglessness, and put particular pressure therefore on architects to create meaning, in an era before overt and visible incoherence of expression was an acceptable architectural solution.

The Mortuary Becomes Visible

In the early twentieth century, when a patient died in a public hospital or asylum in the Habsburg Empire, the body was dealt with according to an established protocol. It was moved rapidly from the hospital ward or place of death to a cool space set aside for the storage of corpses. Almost always, an autopsy was then performed. The heavy demands on facilities for autopsies in these mortuaries stem from what medical historian Tatjana Buklijas has referred to as an "idiosyncratic" set of assumptions and practices regarding death and dissection in the empire. Whereas in other parts of Europe, especially in the Anglo-Saxon world, there was a history of public anxiety and protest surrounding post-mortem dissection for research purposes, in Austrian lands there was a tradition of tolerant attitude to autopsy, a product, as Buklijas explains, of religious and political forces. Corpses of people who had died in a hospital as wards of the state were dissected as a matter of course right through the nineteenth century.⁵ The central importance of pathological anatomy to the internationally renowned Vienna medical school was supported by the ready supply of corpses from hospitals in Vienna and beyond. By the early twentieth century, the influence of pathological anatomy on a wide range of medical disciplines, including psychiatry, was well established, and the demand for corpses continued to grow.⁶

While the legal framework around autopsies on people who had died outside of a hospital or state institution was tightened, "institutional corpses" (*Anstaltsleichen*) were still considered fair game, and valued as a crucial research resource.⁷ An 1887 law in Lower Austria, for instance, required doctors to gain express permission from relatives to dissect the bodies of individuals who had died at home, while at the same time confirming that the bodies of patients dying in

hospital could be dissected and an autopsy performed without prior permission.⁸ And indeed not only *could* deceased patients be subject to an autopsy, autopsies were conducted routinely.⁹ According to the statutes of the three institutions discussed in this article, only if the family specifically requested, on the death of the patient, that his or her body not be examined (and then only if the hospital authorities were satisfied that there was no important reason—scientific or forensic—why the autopsy should happen) would the body be buried undissected.¹⁰ It seems that such objections were rarely raised for asylum patients: at the Mauer-Öhling asylum, for instance, of the eighty-one patients who died from July 1906 to June 1907, seventy-one were given autopsies.¹¹

After the dissection the body was cleaned, sewn up, dressed, and made outwardly presentable by a hospital employee specifically charged with these duties, then put in a coffin and laid out for mourners in a hospital space designed for this purpose.¹² Assuming the patient was Roman Catholic, a funeral ceremony was performed in the funeral chapel. The body was then usually transported to a public cemetery or, in some rural asylums, buried in the institution's own burial ground.

The idea that new hospitals should include designated buildings for dealing with dead patients was relatively common by the beginning of the twentieth century, though practice in the nineteenth century had varied considerably. Friedrich Oswald Kuhn, writing in the volume devoted to hospitals in a turn-of-the-century German architecture handbook, was encouraged that the previously accepted practice of storing and dissecting corpses in the basement of hospital buildings, and even, he claimed, under patient wards, had been largely abandoned.¹³ In Henry Burdett's multivolume *Hospitals and Asylums of the World*, published in London between 1891 and 1893, distance was seen as of utmost importance. Setting out guidelines for the construction of post-mortem rooms and spaces for the storage and laying out of corpses in hospitals, he stressed "the paramount necessity of completely isolating these offices from anything approaching near proximity to the wards"—a requirement presumably driven by hygienic considerations.¹⁴ Burdett favored a separate structure at the far corner of the site where possible.¹⁵ What this meant for Burdett's vision of the ideal modern asylum is seen in the model plans he provided. The asylum was designed as a symmetrical arrangement of large blocks connected by corridors, creating enclosed yards. The model plan for an asylum with three hundred beds contained, at the far end of two service wings (a laundry wing on the women's side, and a workshop wing on the men's) tiny spaces for male and female mortuaries, tucked into the corner of a walled yard.¹⁶ The spaces for the dead in Burdett's ideal

asylum were distant and intentionally non-descript, without focused architectural elaboration.

In corridor-plan asylums built in the Austrian half of the empire in the 1860s and 70s, facilities for handling corpses were similarly set apart. Site plans of the asylums at Brno (in Moravia), Graz (in Styria) and Pergine (in Tyrol) show large attenuated asylum buildings dominating the grounds, with administrative spaces, chapels, kitchens, and other common services incorporated into the body of the building or attached by corridors, while the mortuary was one of very few separate structures. The arrangement could be very tight and compact, as at Pergine, where the mortuary was placed at the tail end of the main axis and enclosed within a walled compound.¹⁷ At Brno and Graz, in contrast, the mortuary buildings existed completely outside the organizing framework of the central asylum building, sitting isolated in the far corner of the irregularly-shaped asylum grounds.¹⁸ Any architectural impact these buildings might have had was overwhelmed by the massed wings of the asylum proper; the only one of the three mentioned above to be visible in an image included a 1912 illustrated guide to Austrian asylums (the mortuary at the Pergine asylum) was a diminutive and reticent structure (Figure 3).¹⁹ The audience for the mortuaries as buildings was in any case a small one, restricted to staff and mourners—they did not present a face to the outside world. The development of the separate asylum mortuary thus preceded the widespread adoption of the villa system by asylum planners—that is, the disintegration of the single monolithic hospital building into a complex of individual buildings, each serving a distinct function. But in the villa asylum, where the separate, free-standing building was the norm, and each building received its own architectural articulation, the mortuary was not only separate, but drew attention to itself.

Site plans and descriptions of pavilion hospitals and villa asylums show a range of terms being used for what I am calling the mortuary. Many, such as *Prosektur*, and *padiglione per la necroscopia*, put the emphasis on the building as a space for autopsies and scientific research.²⁰ But the most common term was *Leichenhaus* (best translated in English as mortuary), which linked these buildings with what by the twentieth century was an established building type in the more general funerary context. Most mortuaries were built for the general public and not connected to hospitals, but they too contained an awkward and shifting combination of medical and religious functions. As Hans-Kurt Boehlke has shown, the *Leichenhaus* emerged at the end of the eighteenth century in Germany and Austria in the context of public health reforms.²¹ Traditional practice had been to lay corpses out in the home, and the mortuary, usually in the grounds of a new public cemetery, provided a sanitary alternative, especially for those

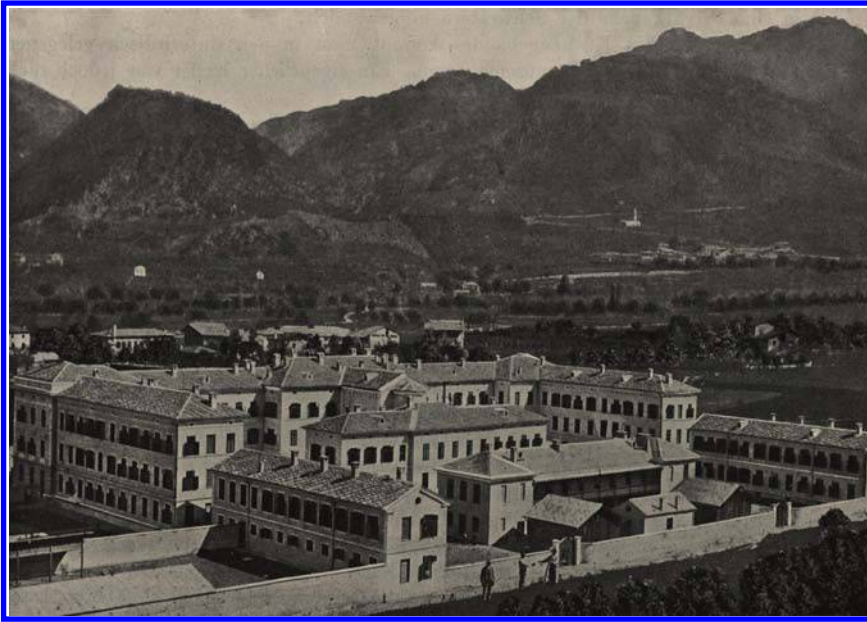


Figure 3 Tyrolian Provincial Lunatic Asylum at Pergine (now Italy), 1879–82, view of the asylum complex. The mortuary building is parallel to the enclosure wall and equidistant from the two entrance gates (Heinrich Schlöss, ed., *Die Irrenpflege in Österreich in Wort und Bild* [Halle: Carl Marhold, 1912], 328. ÖNB Vienna)

classes of the population who did not occupy large dwellings.²² The purpose of the early mortuaries was on the one hand to control the interaction between dead and living bodies, and thus prevent infection. But it also, in a way that seems strange to us, provided a space in which *Scheintod* (apparent death) could be detected and the person revived, preventing the burial of a living person.²³

At the core of the public mortuary were spaces for preparing and laying out dead bodies, spaces that were at once hygienic, equipped with emergency medical facilities (in case a corpse turned out not to be a corpse after all), and suitable for the cultural and religious rituals of paying last respects to the dead. Usually living quarters for an attendant were also provided. Sometimes the medical function was broadened to include a room for autopsies; and sometimes the religious function extended to a funeral chapel. The functional program shifted, and there were also wide variations in the spatial and visual articulation of the mortuary building. Ursula Stein's study of mortuary architecture in late eighteenth- and early nineteenth-century Germany shows that uncertainty existed from the period of the first mortuaries onward about an appropriate architectural image, with both domestic and sacred architectures being used.²⁴ There was no one accepted architectural approach to the mortuary building type to which asylum architects could attach themselves.

The Body, the Laboratory and the Asylum

The fear of being buried alive faded as doctors were able to determine the moment of death with greater certainty, and

the medical function of the mortuaries used by the general public came to be limited to the hygienic handling of corpses (and the occasional autopsy). Since patients who died in Habsburg asylums needed not only to be handled hygienically, but also to undergo autopsy as a matter of course and in such a way that—at least in theory—fostered not only public health but also medical research, the room for autopsies shifted from an optional to a necessary requirement in the mortuary belonging to the asylum (or hospital).

The purpose of autopsies performed on patients who died in asylums was, according to a 1901 article in a German psychiatric journal, not to determine the cause of death, but “to confirm the diagnosis and to uncover the source of [mental] disease.”²⁵ The confidence in dissection (and in the subsequent examination of histological specimens of the brain) was a product of the anatomical emphasis in psychiatry in the German-speaking world. The search for the seat and cause of mental illness in the physical substance of the brain was the most high-profile ambition of psychiatry in the second half of the nineteenth century, and by the early twentieth century, pathological anatomy was firmly embedded in the practices of mainstream psychiatric research, thanks to the efforts and example of the Viennese pathologist, asylum prosector, and professor of psychiatry Theodor Meynert, among others.²⁶ But as Eric Engstrom has shown, psychiatric research in this period was enmeshed in a web of institutional politics, and the asylum's relationship to the anatomical orientation in psychiatry was particularly fraught.²⁷ The rise of the anatomical orientation was closely linked to the rise of the university-based psychiatric clinic, which usurped the asylum as the

respected location of psychiatric knowledge and progress. Prestigious psychiatric research (especially brain dissections and investigations of the resulting specimens) took place in makeshift laboratories, in close proximity to other university-based research, rather than in the distant asylum, which might have elaborate purpose-built facilities, but which was seen to exist in a kind of rural stagnation, warehousing chronic patients.²⁸ At the same time, asylum-based psychiatrists continued to devise model asylums and to think and write about how patients might be cured, or at least brought into line with expectations of normal behavior, through a combination of physical, psychological, and environmental therapies. Their focus was the empirical observation and treatment of live patients, rather than the development of etiological theories based on the dissection of dead ones. That said, the inclusion in many asylum mortuaries of facilities not just for autopsies, but also for the investigation of anatomical specimens gained in the course of these autopsies, shows that asylum psychiatrists were also interested in (or expected to be interested in) the dead patient as a research resource.²⁹ Josef Starlinger, director of the Mauer-Öhling asylum, expressed in 1906 the asylum-based psychiatrist's ambivalence toward laboratory research in spatial terms: "The emphasis in the [university] clinic is—apart from healing—on teaching and research, and therefore its primary work spaces are, besides the ward, the lecture hall and the laboratory. In the asylum it is true that scientific endeavors should not be completely neglected—we do not want to become mere practitioners—but the asylum is more and more a laboratory for *the care of the insane*."³⁰

The mortuaries' autopsy facilities and laboratories, then, had an awkward status: needed by doctors, perhaps fetishized by some as evidence of the scientific seriousness of their activities, but also thought to be foreign to the modern emphasis of asylum-based psychiatry on living patients.

Identity and a Space for Death

Asylum mortuaries almost always housed spaces for funerary rites, alongside the autopsy facilities. Institutions' statutes show that every deceased patient was guaranteed a simple funeral, at the cost of the public authority that had been responsible for his or her maintenance in the institution. More expensive and elaborate funerals were also permitted, as long as the extra expense was covered by relatives or friends of the deceased.³¹ A person who died while a patient in a Habsburg asylum had a double status, then: as a research resource, and as an individual whose passing was marked according to the custom of the world beyond the borders of the institution. This double status was condensed within the

compact spaces of the mortuary, but it also paralleled the dual identity of people living as patients in these institutions. They were, on the one hand, objects of medical diagnosis, observation, statistical calculation, and physical and pharmaceutical treatment. On the other hand, they were expected as much as possible to lead a normal life—in the context of the model community constructed by the planners of the asylum—consisting of work, diversion, and religious observation. The spatial distinction in mortuary buildings between science and commemoration was also echoed in the wider institutional complex. There were spaces in which patients were observed and treated (mostly large wards with beds, bath facilities, rooms for physical therapy), and spaces (agricultural fields, a theater, a church, workshops, laundries) in which they conformed to an institutional notion of the normal life.

The place of death in this normal life was awkward. On the one hand, the asylum represented a world unto itself, and the mortuary and, in some cases, cemetery, could be seen alongside the church, theater, and farm as elements of this parallel world, of the facilities necessary for a normal life (and normal death) within the walls of the institution. On the other hand, people were not born in asylums, and they were not supposed to die in them. In theory, they were supposed to be cured and released during their lifetimes.³² In corridor-style asylums, death received little acknowledgment in the visible architecture of the place. With the villa system, asylums were recast as cities unto themselves, and the mortuary developed into a distinct building with its own identity.

That said, a separate structure could also mean one that was set apart and concealed, and building briefs for the asylums being studied here did call for the mortuary to be located on the edge of the asylum grounds and hidden as much as possible from the day to day life of the asylum. The familiar desire to conceal death from the living was compounded by the concern that hospital patients would be particularly disturbed and discouraged by the reminder of death represented by the mortuary building.³³ But there was another, in some ways contradictory, reason to insist that the mortuary be located on the edge of the asylum grounds: it needed to be accessible to the public, or at least to those people from the outside world who came to attend funeral ceremonies. Access to a public road also facilitated the discreet transfer of corpse and coffin to a public cemetery, when there was no cemetery within the asylum grounds. In the asylums studied here, there were only two points at which the complex communicated directly with the outside world, letting people in and out: the main entrance, which was dominated by the main administration building, and the mortuary (see Figure 2; the main entrance is at 21; the

mortuary is at 20). The former acted as a filter through which patients were admitted and released according to set protocols, and through which members of the public also had to pass on their way to controlled visits to the institution. Mortuaries were also conduits for the release of patients into the outside world, but only, of course, when they could no longer experience this release. For members of the public, they were very shallow spaces, barriers more than bridges, since they were specifically designed to prevent any contact between the mourners and the “interior” of the institution (and indeed to keep mourners contained in a particular part of the mortuary building, away from the rooms where corpses were dissected and prepared for laying out).³⁴ They were more than barriers, though: they provided a setting for funeral rituals and were the face of the institution shown to people whose relatives and friends had died there.

Mortuaries, Publicity, and Split Buildings

The idea that the institution should present a particular sort of face to the outside world through its buildings should be seen in the context of the publicity campaign mounted by supporters of asylum psychiatry in this period. Asylum psychiatrists were highly sensitive to popular prejudice and sensationalist press accounts that equated asylums with prisons and emphasized their closed character, isolated from the world. The layout and architecture of new institutions were crucial elements in a new, more accessible and welcoming imagery. Asylum advocates saw the widespread adoption of the villa system as particularly important, replacing the oppressive impression created by the sprawling, monolithic corridor-style asylum with the more familiar and accessible image of a small settlement or community.³⁵

Precisely how could mortuary buildings participate in psychiatric institutions’ architectural publicity? To whom would they speak, and about what? A distinction needs to be made between the two aspects of what were usually split buildings: the private side that opened onto the asylum grounds, and the public one accessible to mourners and directly connected to and seen from the public road and by those attending patients’ funerals. In some cases, photographs of the mortuary were reproduced in the publicity material on the institution, intended either for a psychiatric audience, or for those interested in architecture or social institutions.³⁶ These photographs invariably showed the public side of the building (see Figure 1). The façade and public reception spaces of the mortuary spoke of the paternalistic attention to the dignity of each patient’s life and death, a message sadly nuanced by an understanding that the patient would probably live in the asylum forever. While

progressive institutions around 1900 welcomed even general visitors through their front gates, designers were required to make sure that mourners did not enter the grounds.³⁷ In fact, these friends and family members had very likely already been welcomed into the institution to admit and visit the patient. The mortuary building kept at bay those whose presence marked the failure of the institution to deliver (living) patients back into the outside world.

The building briefs for these asylums were composed by committees of psychiatrists and government officials and contain sections devoted to the mortuary, and some contain detailed instructions to the architect about how the multiple purposes of the building should interrelate. The brief for the earliest of the three, the asylum at Mauer-Öhling (brief, 1897; building completed 1902) proposed a single-story structure with basement.³⁸ Intensive and tightly coordinated use should be made of both ground floor and basement levels, their conventional separation undermined by the movement of corpses from level to level in an elevator. The room in which bodies, having been transported to the mortuary, were stored and kept cool was in the basement, accessible from the entrance by single short flight of steps to facilitate the carrying in of bodies on stretchers. An elevator would transport bodies from the storage room to the room for autopsies on the ground floor.³⁹ The basement would also contain a storage room for coffins. On the ground floor, in addition to the dissection chamber and a small apartment (a living room, bedroom, kitchen, and dining room) for an attendant, was a room, accessible to mourners, for the laying out of the body and for the funeral ceremony.

The split character of such a building was acknowledged and further emphasized by the writers of the brief in their guidelines for the mortuary’s location: at the edge of the asylum grounds, within easy reach of a public road, at once accessible to those coming from outside to attend funeral services and hidden as much as possible from the patients. The brief called for the mortuary to be built into the asylum wall itself, with the spaces accessible to the mourners opening onto an area outside the wall, and the rest of the building facing the asylum grounds.

Inflections: Approaches to Complexity

The preceding section scrutinized the program of the asylum mortuary in the historical moment of early twentieth-century Central Europe, identifying the individual elements out of which the program was constructed, delineating those elements’ own histories and associations, and pinpointing the program’s resultant tensions. The three Habsburg asylum mortuaries that will now be discussed are not so much

applications of a preexisting model or type, as repeated exercises in reassembling the elements of this program. The Mauer-Öhling mortuary is the earliest of the three, and the designers at Steinhof and Kroměříž were familiar with it.⁴⁰ But their buildings, while adapting some of the elements of the earlier design, were far from applications of a prototype. The briefs for all three mortuaries set out more or less the same set of requirements but analysis of each building (and knowledge from the examination of the others of how it could be done otherwise, that is, of the range of ways these requirements could be interpreted) emphasizes the constructed, bespoke qualities of each—the absence of the standardizing influence of a type. In terms of what the buildings “do,” the brief is a starting point, but spatial analysis of the mortuaries as built betrays particular inflections of use, circulation and spatial hierarchy. Moreover, close readings of the three buildings show architectural inflections which are markedly distinct.

At Mauer-Öhling, the design draws on a simplifying, regularizing, and self-contained modern language of the sublime to overcome the intricacy of the program and the tensions around the patient’s death to create a unified, powerful, and deliberately inscrutable publicity image. At Steinhof, the program is inflated in both its religious and medical dimensions; the architectural interpretation splits the building into funerary and scientific elements, drawing on contrasting architectural languages while hitched together by a central axis. The mortuary at Kroměříž represents a third way: an alternative, non-axial, modernism, inspired by the vernacular that injects the program, in all its complexity, with a kind of naturalness.

Inscrutable Unity: Mauer-Öhling

The authorship of the design of the Mauer-Öhling asylum and mortuary is uncertain, but it is clear that the mortuary was designed in a context in which Wagner school ideas were circulating. Plans for an early version of the building, dated 1899, were signed by Carlo von Boog, the director of the Lower Austrian Office of Public Works (*Landesbauamt*), who was credited in 1903, a year after the opening, in *Der Architekt* as the lead architect on the complex as a whole.⁴¹ Erich Gschöpf and Anton Winter were acknowledged as “first-rate collaborators” with Boog on the “purely architectural” aspects of the project.⁴² Boog and Winter were trained as engineers, while Gschöpf—only twenty-two when he was hired by Boog as a draftsman in 1896—had trained as an architect at the Vienna State Trade School (*Staatsgewerbeschule*) and later (1894–97) at the Academy of Fine Arts under Victor Luntz.⁴³ We know that Boog came to the project with advanced structural ideas about the advantages of reinforced concrete, which was used widely in the asylum’s buildings,

but the extent to which he was responsible for the early use of progressive, Wagner-school influenced volumetric and ornamental forms in the asylum is unclear, especially since his other work is unknown.⁴⁴ It is also perhaps significant that the 1899 mortuary elevation bearing Boog’s signature (Figure 4) is an essay in restrained classicism (though the signature, on a version of the plan submitted for building permission, may be evidence only of Boog’s position as director of the Office of Public Works, and not of architectural authorship). We know that Gschöpf was working on a new pavilion for the Haschhof agricultural colony (an annex of the Lower Austrian asylum at Kierling-Gugging) while Mauer-Öhling was being designed, and the new pavilion also showed immersion in the Wagner school stylistics of the period around 1900 (Figure 5).⁴⁵ The question of who took the lead on the design of the asylum, including the mortuary, remains open. One could speculate that Boog devised the mortuary’s internal spatial configuration (ground plans and circulation routes) in accordance with the brief, and established the basic volumetric divisions—all present in the early plan—and Gschöpf then transformed what were in the words of the critic from *Der Architekt* the “purely architectural” aspects of the building.⁴⁶

Mourners approached from the north or south along the road that connected the towns of Amstetten and Ulmerfeld. The bird’s-eye view shows that they drove through dense forest on either side (Figure 6). On the east side of the road, they approached an opening in the forest, a cleared area marked by a wall with a wrought-iron gate at its midpoint. Alighting here, they had an uninterrupted view, at the back of the enclosure directly opposite the gate, of the tall, white central bay of the mortuary and the inscription, *Friede* (peace), over the centrally placed door (Figure 7). The simple cemetery extended on either side of the path to a white enclosing wall with forest beyond. Low, windowless wings

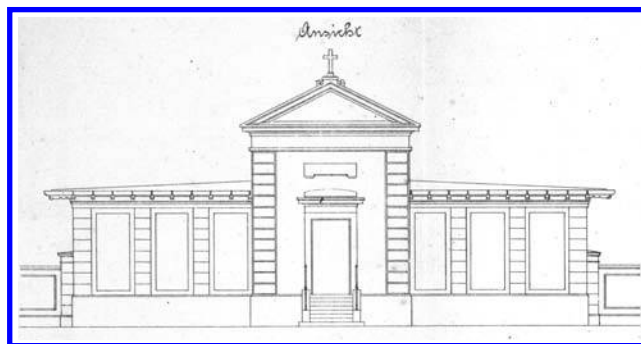


Figure 4 Carlo von Boog (?), preliminary elevation for the mortuary at Mauer-Öhling asylum, 1899 (Lower Austrian Provincial Archive, St. Pölten)

balanced the tapered central bay of the mortuary building and the uninterrupted enclosure wall extended to and abutted these wings on either side. The mourners entered the funeral space through the single, monumental portal, and saw the deceased laid out in a coffin in front of the altar, itself

on axis with the entranceway.⁴⁷ The space was not large, but it was high and light, with pale walls and floor, and soft daylight entering through clerestory windows filled with lozenge-shaped glass bricks. The priest emerged from a door at the back of the room and performed the funeral rites at a



Figure 5 Erich Gschöpf, Pavilion for the Haschhof Agricultural Colony, Lower Austrian Provincial Asylum at Kierling-Gugging, 1903 (Bildarchiv der ÖNB, Vienna)

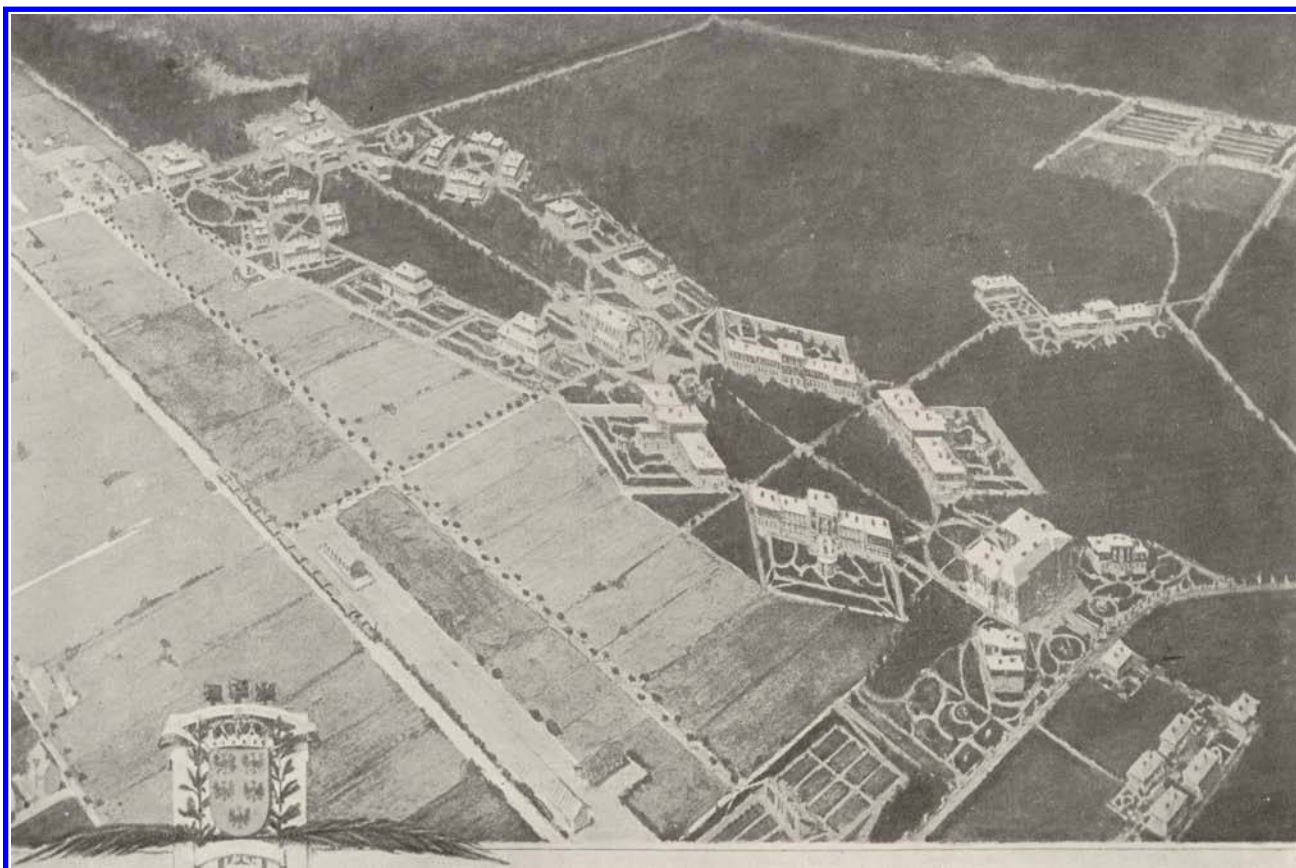


Figure 6 Asylum at Mauer-Öhling, bird's-eye view (Schlöss, ed. *Irrenpflege*, 219. ÖNB Vienna)



Figure 7 Mauer-Öhling asylum mortuary, east front from the public road (author's photograph)

small white altar using simple gold liturgical vessels. Above the altar, a plain, large plaster cross hung below a verse from the Gospel of John: "I am the resurrection and the life." The coffin was closed and carried out through the main entrance to the chapel (through which the mourners had entered), down the shallow flight of stairs, and over to the prepared cemetery plot. After the burial, the mourners left through the main gate, back onto the public road.

An aesthetically similar but spatially different experience of the same building can be traced if one recreates the progress of the deceased patient from the place of death to the beginning of the funeral.⁴⁸ Those assigned to retrieve the deceased (probably male nurses) removed the body on a stretcher and transferred it to some sort of vehicle. They drove through the institution, past the main entrance façades of the pavilions (as opposed to the garden façades, with their balconies, on which patients were encouraged to stand and look out) to the point between pavilions 2 and 4 where the

road to the mortuary began (see Figure 2). Turning off here, they wound through forest, past the small pavilion for infectious patients on the left and the infirmary on the right (unless of course their journey had begun at one of these buildings), and re-entered the forest. Coming to a fork in the road, they took the road on the left, eventually reaching a clearing and, in the center of the clearing, a small, white single-story pavilion flanked by low white walls extending to the left and right (Figure 8).

Pulling up to the main entrance, a high glazed double door, they waited for the mortuary attendant—perhaps just emerging from the door of his apartment to the left of the main entrance—to admit them (Figure 9). They carried the stretcher inside onto a light, simply appointed landing, with short flights of stairs leading up to the main floor and down to the basement. They proceeded down the stairs, and into one or the other of two rooms (one for corpses bearing infection) in which bodies were kept cool on slabs of slate and prepared for autopsy and laying out.⁴⁹ At this point the mortuary attendant took over.

Before the body was dissected, the attendant removed the clothes and washed the body. It was rolled on a gurney into the elevator (*Aufzug* on the floor plans), which had doors on both long sides. The doors provided direct access to one of the morgues (*Leichenkammer*) in the basement, and to the dissection chamber (*Obduction*) on the other, on the main floor. At this point in the body's journey, a doctor took charge. The uncluttered dissection chamber had two large windows facing southwest, and was dominated by a marble-topped dissection table. Once the autopsy was completed and the results recorded, the body was returned, via the elevator, to the morgues below, where it was made presentable by the attendant and laid out in one of the coffins brought in from an adjacent room (*Sarg-Depot*). When the time came for the funeral, corpse and coffin were taken back up in the elevator, this time exiting in the other direction, into the chapel (*Aufbahrung*), to await the mourners, who were unaware of the other goings-on.

Site plans published shortly after the institution's opening allow us now, and permitted a range of audiences then, to hover above the mortuary and discern different aspects of the program-architecture interaction, especially the tension between isolation from and connection to the institution and the outside world (see Figure 2).⁵⁰ The central group of buildings at the Mauer-Öhling asylum was planned in a highly compact manner, based on rigorous geometry, symmetry, and repetition. Most of the pavilions face their mirror images across an axis; the main axis intersects with a series of subsidiary axes to create a crystalline composition of equilateral triangles and diamonds. The strict adherence to



Figure 8 Mauer-Öhling asylum mortuary, west front facing asylum grounds (photograph by Sabine Wieber)

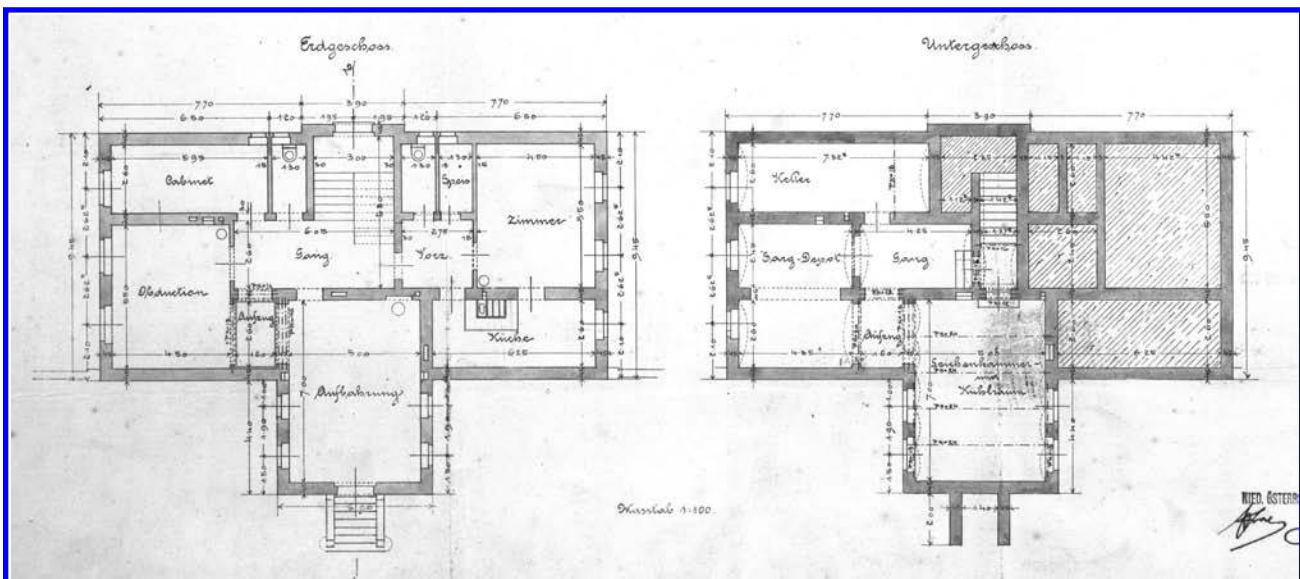


Figure 9 Carlo von Boog (?), preliminary plans for the ground floor (left) and basement (right) of the mortuary at Mauer-Öhling asylum, 1899 (Lower Austrian Provincial Archive, St. Pölten)

geometrical regularity and symmetry at the core of the complex means that any deviation from the central organizing principle is noticeable. At the south end of the complex, one of the paths forming a subsidiary axis within the central group takes a slight jog to the right, runs past the pavilion for infectious patients and the infirmary, forks off to the left, and ends at the mortuary. On the site plan, the mortuary is, of all the forty-two structures comprising the institution, the one set farthest apart in terms of physical distance and the breadth and directness of the connection, but also in terms of the

impression it gives of detachment from the organizing ethos of the rest of the institution. It is also the only structure with direct and immediate access to the main inter-city road in the vicinity; and it is the only structure on the corresponding stretch of that road.

The mortuary building and its site are largely intact. The impression of forlorn isolation is counteracted somewhat when one visits the mortuary building and examines the bird's-eye view of the institution published in Heinrich Schlöss's 1912 guide to Austrian asylums (see Figure 6).⁵¹

The building itself is the centerpiece of a small axial composition. The mortuary bisects the back wall of a large enclosure (containing the institution's cemetery), the opposite side of which abuts the main road. The building itself is axially planned and a path runs from its main entrance to the gate in the center of the wall running alongside the road. The grave plots, according to the 1912 view, are arranged in symmetrical rows at right angles to this central path. In the bird's-eye view there is a strong visual parallel between the arrangement of mortuary and cemetery and the large patient pavilions, with their dominant central bays and symmetrical wings and their rectangular enclosed gardens. There is also a striking inversion. While the pavilions are tightly bound into the core geometry, their gardens are laid out informally, with winding, asymmetrical paths. A winding path leads to the mortuary, but its garden (the cemetery) is strictly ordered. The spatial disjunction of the mortuary apparent in the site plan is compensated for by complex visual connections in the bird's-eye view.

The aesthetic simplicity of this spatially intricate building was the result of considered architectural intervention. A comparison of the building with an early elevation (see Figures 1, 4) shows a unification and heightening of architectural rhetoric during revisions. Confronting the complexity of the program, the contradictions between the various meanings the patient's body carried in this one small building, and perhaps dissatisfied with the options offered by the official language of reduced classicism, the architect turned to recent architectural innovation in Vienna, where, as an employee of the Lower Austrian administration he would have been based while designing the building. On the public façade, the central bay has become more dominant, and its slightly tapering form and isolated graphic embellishments give it a self-consciously sublime, hieratic quality. The whole building, despite being divided by the asylum wall into public and institutional halves, and despite its intricately divided routing, is conceived as a unified composition. It is reduced to two integrated rectilinear volumes: single story base and central, double-height chapel, wrapped in a white skin scored into continuous bands, with subtle repeated ornamental accents.

The strongest compositional parallels are with Wagner's station buildings for the Vienna Stadtbahn (such as Westbahnhof from 1896 and Karlsplatz from 1898) and with Joseph Maria Olbrich's Secession building of 1898, all of which used double-height central entrance bays flanked by lower, windowless, white wings. The Secession building's white blankness and tapered pylons holding the openwork dome conjured temples and tombs for contemporary critics, allusions that are echoed in the simple white mass of the

mortuary building, with its inclined central volume and inscription: *Friede*. Again there is a telling inversion. The Secession building's internal organization is simple and straightforward: a vestibule opening onto a large undivided space for exhibitions. In the round, though, the unity of its cubic volumes is disrupted (in a way much commented on by contemporary critics) by the sloping roofs of its skylights, visible from the sides and back of the building—a realist gesture at odds with the façade's associations with higher matters.⁵² At Mauer-Öhling, the mortuary's complex internal organization is contained within an emphatically coherent exterior form. Its cubic simplicity is evident in photographs such as that in *Der Architekt* (see Figure 1), where the slightly oblique angle gestures toward the building as a sculptural entity, despite the two-dimensional visual experience suggested by the building's insertion in the enclosure wall. The site's isolation and wooded surroundings augment its impact; careful visual connections are made in the plan among mortuary, cemetery, and the patient pavilions with their walled gardens. The result is an architecture which is emphatically modern and coherent and at the same time inscrutable and opaque. The mortuary building is not so much a mask for a complicated and unpalatable program as it is a powerful abstraction of it, which says something about modern institutional death, although that something is deliberately imprecise.

Pragmatic Incoherence: Steinhof

The brief for the mortuary for the Lower Austrian Provincial Institution for the Care and Cure of Mental and Nervous Illness "am Steinhof" was devised in 1901 according to the same basic criteria used for Mauer-Öhling. But at this much larger institution, on the edge of the imperial capital and with, it seems, higher ambitions in the area of pathological-anatomical research, more elaborate spaces were called for—both scientific and funerary. In addition to requiring the spaces present at Mauer-Öhling, the brief called for a room for "chemical and bacteriological investigations," another for storing preserved specimens for research, a room dedicated to the preparation of the body for the funeral ceremony, a room for laying out the bodies, and a separate funeral chapel and adjoining sacristy.⁵³ According to a final report issued in 1909 by the Lower Austrian authority responsible for planning and building the institution, the program for the Steinhof mortuary was updated in the course of building to "take account of modern requirements," and, when completed, the building also contained a separate room for the storage of infectious corpses, stalls for animals for research, two rooms for laying out that flanked the chapel, in addition to another laying-out room

for non-Catholics, a study for the prosector (the medic responsible for autopsies) and two more laboratories.⁵⁴

The responsibility for the design is, as at Mauer-Öhling, difficult to determine. Boog was again responsible for the plans at a very preliminary stage, and when he died suddenly in 1905, Franz Berger—also a government-employed engineer—succeeded him in the Office of Public Works and assembled a staff of thirty-five, including six architects (among them Erich Gschöpf), devoted to building the institution.⁵⁵ Berger took personal responsibility for the architectural section of the team “because of his extensive experience with hospital and social welfare buildings.”⁵⁶ Otto Wagner’s design of the site plan for the institution provided the framework within which the siting and orientation of the building was determined.

Like Mauer-Öhling’s mortuary, the Steinhof mortuary opens into the asylum grounds in one direction (Figure 10) and into a transitional space giving access to a public road on the opposite side (Figure 11); it is also similarly built into the institution’s enclosure wall, preventing circumnavigation of the building. But here the interaction of program and architecture reinforces division and disunity. Reconstructing the trajectories of the building’s two zones of users helps us to envision the spatial, functional, and visual experience of the split building. The facilities for scientific research on the dead body are more extensive than at Mauer-Öhling, and more elaborate in their spatial organization; they also contribute more to the external appearance of the building. Therefore, for Steinhof, it is instructive to begin not with the mourners, but with the body.

The building brief—written with intimate knowledge of the arrangements at Mauer-Öhling—had specified not only that the mortuary itself should be isolated, but that “the building should be placed in such a way that the transportation of corpses is as distant as possible from patients’ field of vision.”⁵⁷ On a more densely built site, and in the absence of thick forest, planners did not have the option used at Mauer-Öhling of putting a long, winding road surrounded by forest between the mortuary and the rest of the asylum. When calculating the potential routes to be taken with a corpse, they had to consider precisely what patients’ field of vision would tend to be on a site where the natural contours of the land, which might have provided some concealment, had been smoothed out, offering aesthetic unity as well as the clear sightlines needed for effective surveillance. That said, though the plan opened up sightlines for staff, it controlled those of patients, at least when they were in their pavilions. All the verandas and pavilion gardens, as well as most of the day rooms, were oriented to the south, leaving the north flanks of the patients’ pavilions for staff circulation, and the main roads, along which any transport of deceased patients would have taken place, ran along these north flanks (Figure 12).⁵⁸ Once the vehicle with the body arrived at the western, asylum entrance to the mortuary, it would in theory have been at a considerable distance from the field of vision of any patients (because of buffer offered by the adjacent grid sections having been left unbuilt). In addition, the nearest pavilions to the mortuary—those from which the patient might have had any type of view of the arrival of a corpse, were pavilions for the “noisy” (14) and “bedridden” (20);



Figure 10 Franz Berger and others (?), Lower Austrian Crown Land Asylum “Am Steinhof,” Vienna, 1908, mortuary from asylum grounds (photograph by Michael Wabb)



Figure 11 Steinhof asylum mortuary, view of façade toward public road (author's photograph)

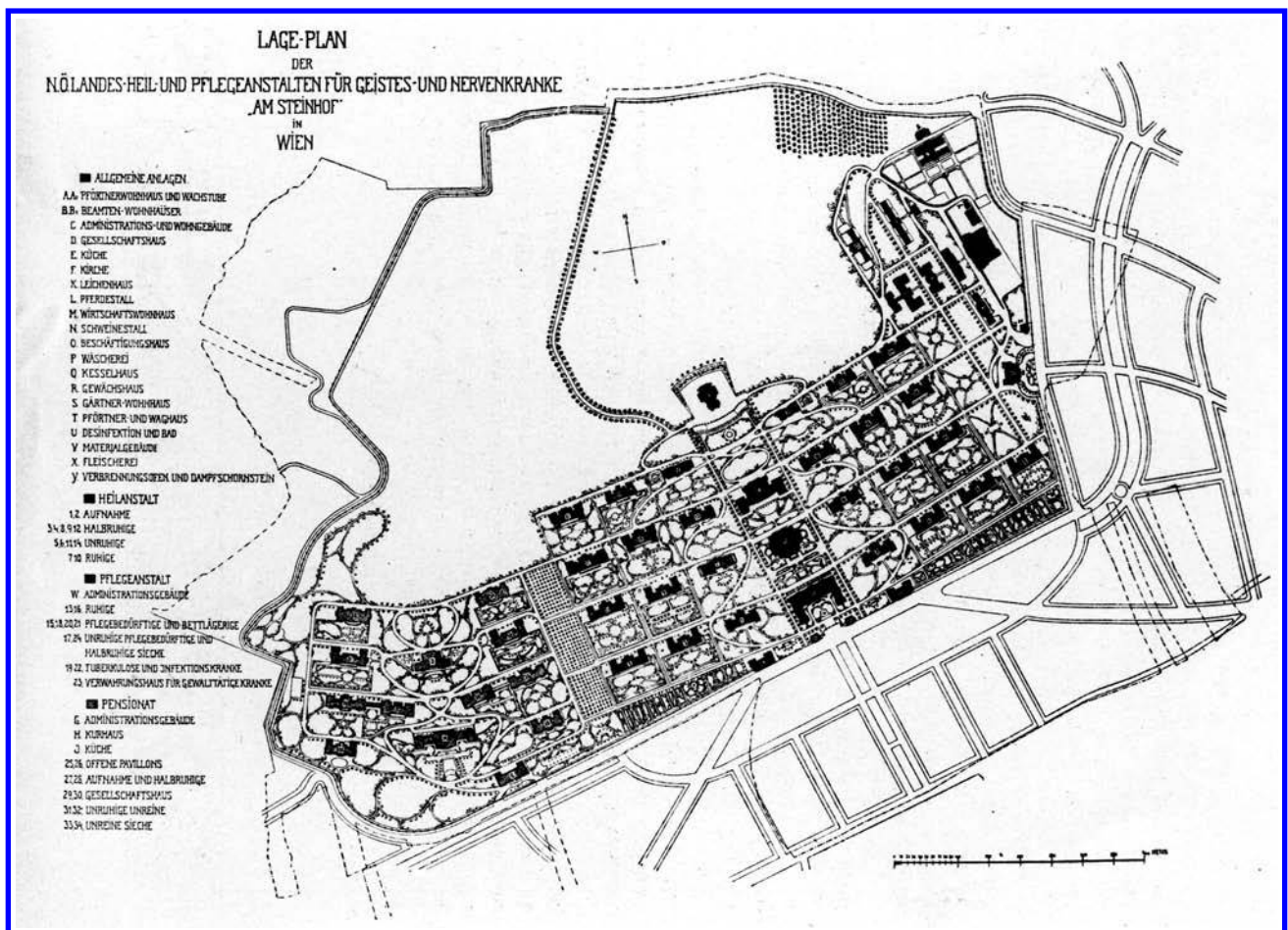


Figure 12 Otto Wagner, site plan for Steinhof asylum, with mortuary (K) at right, behind semi-oval drive from public road (*Auszug aus den Verwaltungstätigkeit der christlichsozialen Landtagsmehrheit in den Jahren 1902–1908* [Vienna: Wahlkomitees der christlichsozialen Partei für den I. Bezirk., 1908], n.p., ÖNB Vienna)

bedridden patients stayed inside, and noisy patients had use of a garden surrounded by a high wall.⁵⁹

So we can imagine the journey of dead patient and attendants from pavilion dormitory to mortuary entrance as an efficient and unemotional one, assisted by the careful engineering of the institution's circulation and classification systems as well as of patients' fields of vision. In the mortuary itself, the body entered another kind of circulation system in which sightlines were carefully manipulated. From the vantage point of the asylum grounds, the building seemed to be a neutral container for modern functions, similar to the patient pavilions: from this angle, it was another variation on the basic pattern of a simple, modern, flat-roofed building, rectilinear volumes symmetrically laid out around a central axis, built of exposed brick with bands of whitewashed stucco, its large windows surrounded by flat moldings and a glass and iron canopy over the main entrance (see Figure 10). It was a building that seemed, in its straightforward unpretentiousness, unlikely to be disguising anything—although it was attempting to do precisely that, acting as a screen for the rest of the building, which spoke much more explicitly of death.

The dead body and its attendants pulled up in front of a double door—not the central door under the glass and iron canopy, but a subsidiary entrance a few steps to the north of this one. The ground floor plan (Figure 13) indicates that this door opened directly into an elevator (labeled *Leichen-Aufzug*, “corpse-elevator”); the attendants would have used this device to transport the body directly into the cool

storage rooms in the basement (Figure 14), one for infectious corpses (the space labeled *Infektions-Leichen* on the plan) and one for noninfectious (*Beisetz-Kammer*). The transportation of bodies was thus kept separate from the circulation route of doctors and researchers entering and leaving by the main entrance on this façade, under the glass canopy. The doctor responsible for autopsies occupied a suite of rooms on the first floor (above ground level) and when he was ready to perform an autopsy the designated corpse was, according to a contemporary account, transferred onto a gurney (*Rollwagen*) from its place of storage in the basement back into the elevator and taken up to the first floor (Figure 15). The elevator, which opened on three sides, issued on the first floor directly into a vestibule to the room for autopsies, which had a wide doorway into the autopsy room itself (*Obduktion*), through which the corpse could be rolled, then transferred onto the large marble self-draining dissection table in the middle of the room.⁶⁰

The published regulations for Steinhof's doctors include detailed instructions for the prosector, responsible for autopsies: “In the interest of science, the autopsies must be conducted with the greatest care; for each one, a comprehensive record of findings must be kept in writing. . . . It is the duty of the prosector to undertake, on the request of the director, anatomical, histological, microscopic or bacteriological investigations of specific specimens. . . . It is [also] the duty of the prosector to preserve scientifically interesting specimens in the facilities set aside for the specimen collection.”⁶¹

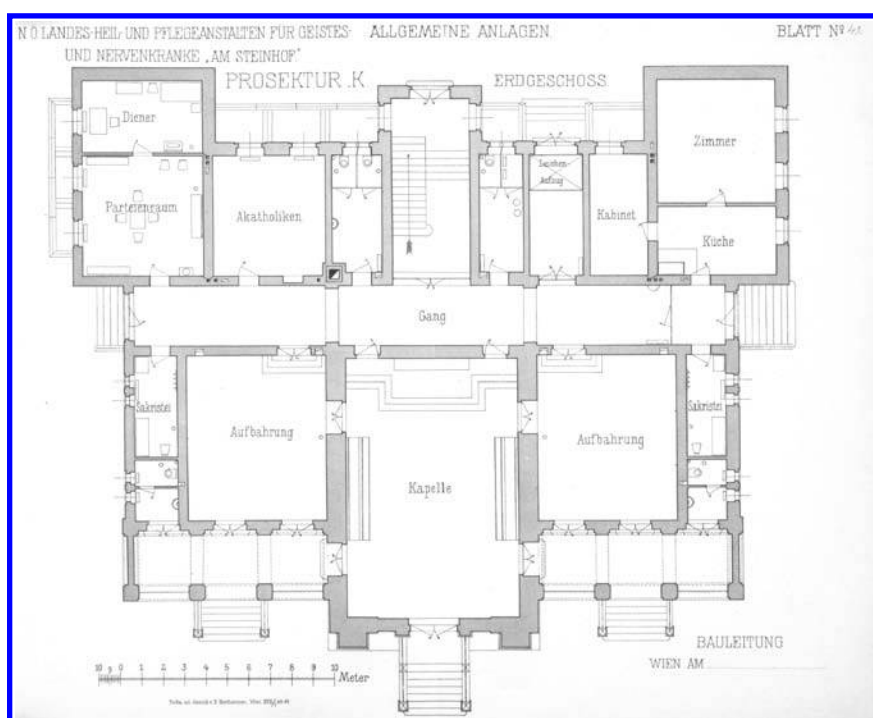


Figure 13 Steinhof asylum mortuary, plan of ground floor; north is roughly to the right (N.-Ö. Landes-Heil- und Pflegeanstalten für Geistes- und Nervenkranken “Am Steinhof” in Wien [n.p., n.d.], plate 43. Lower Austrian Provincial Library, St. Pölten)

The patient's body, then, was opened up to view, and yielded specimens (*Objekte* in German) that were distributed among further light-filled spaces on the first floor of the asylum-oriented section of the mortuary, where, stored in jars or transferred onto slides, they were gazed upon and investigated. The first-floor plan includes, in addition to the autopsies room and its vestibule, an office for the prosector,

two rooms marked as laboratories, one labeled “Chemistry” (*Chemie*) and three further spaces for the preservation and storage of the specimen collection (*Präparate*), all with built-in and freestanding furnishings and fittings indicated in detail.⁶² Two photographs from around 1950 show the interiors of one of the laboratories on the south end of the first floor, with views through open doors into an adjacent

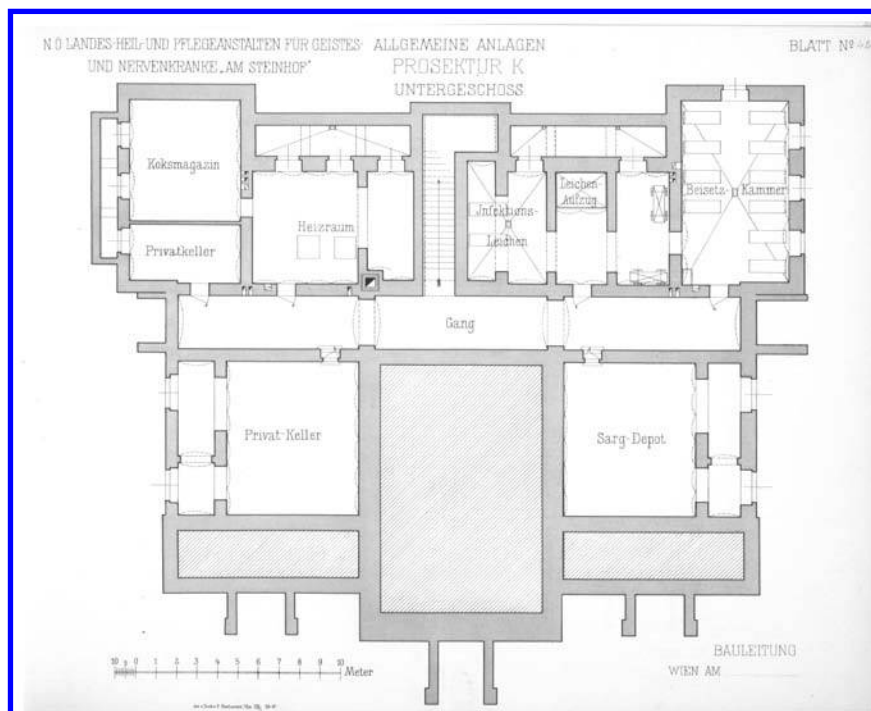


Figure 14 Steinhof asylum mortuary, plan of basement (*N.-Ö. Landes- Heil- und Pflegeanstalten*, plate 42. Lower Austrian Provincial Library, St. Pölten)

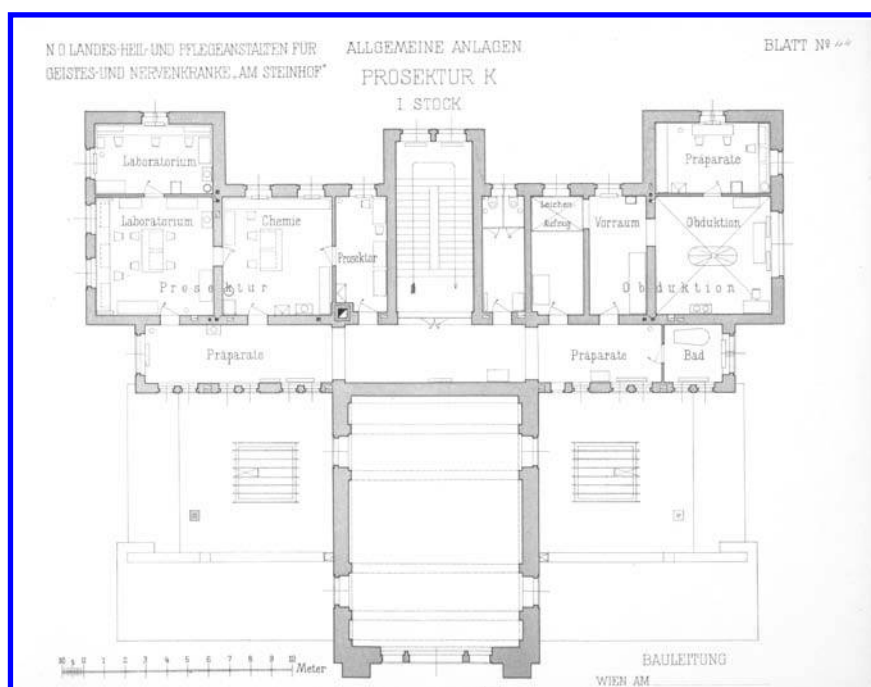


Figure 15 Steinhof asylum mortuary, plan of first floor (*N.-Ö. Landes- Heil- und Pflegeanstalten*, plate 44. Lower Austrian Provincial Library, St. Pölten)

laboratory and specimen room (Figures 16, 17).⁶³ Many of the fittings drawn in the 1907 floor plan remain in place; high ceilings, tiled floors and wall surfaces, simple white-painted furniture and door surrounds create an image of a space custom-designed for orderly and serious scientific research on inanimate remains, visible in labeled glass jars and slides. This suite of rooms can be seen as a built riposte to those who doubted whether the asylum was a productive place for research in pathological anatomy—but one that might confirm the prejudices of those who saw asylum-based research facilities as more show than substance.⁶⁴

The corpse, post-autopsy, re-entered the vertical circulation system. It was wheeled back into the elevator and

returned to the basement, where, in spaces much darker, lower, and more cramped (one room was designed to hold up to ten corpses at a time, and another two further “infectious” corpses), an attendant washed, dressed, and laid it in one of the coffins stored in a space in the basement reserved as a coffin depot.⁶⁵ When the time came for the funeral ceremonies, the coffin was put back in the elevator and brought up to the ground floor.

For a patient’s relatives who had been used to traveling to the asylum for visits using the tram linking Steinhof to the town center, the trip to the funeral in a carriage or car would have had an unaccustomed solitude and formality. Instead of pulling up at the busy main entrance along the south flank of



Figure 16 Steinhof asylum mortuary, laboratory, ca. 1950 (Courtesy of Otto-Wagner-Spital, Vienna)



Figure 17 Steinhof asylum mortuary, laboratory, ca. 1950 (Courtesy of Otto-Wagner-Spital, Vienna)

the complex, where the great institution laid itself open—physically and visually—to visitors, they probably would have skirted the band of park to the south of the institution grounds and continued for a short distance along the enclosure wall to the point at which it was interrupted by a green wrought-iron fence on a light-colored plastered brick podium punctuated by pillars. There the mortuary building came into view, in the first years clearly visible and later through a dark green and brown filter of pine trees. The site design encouraged carriages and cars approaching from the south to deposit mourners at the central gate, before proceeding to the opening giving access to the semi-oval turning drive a few feet further north.

What mourners then encountered, proceeding on foot in a stately fashion up a flight of stone stairs set into the garden, aligned with the building's central axis, was the other side of the same building to which the dead patient had been delivered (see Figure 11). The view from the ground and the road of the slightly elevated building completely excluded the building's other half. From here, the visual field was dominated by a central bay, projecting in front of and towering over the single-story wings on either side. Tapering pillars concluding in urns (which were later removed) and a sculptural group at the gable of mourning angels flanking a large cross reinforced a loosely Italian Renaissance architectural vocabulary (segmental arches with keystones, springing from pilasters), the whole signifying that visitors had entered the realm of death in a Roman Catholic context.⁶⁶ Any curious visitor wanting to get a view of the building as a whole and its relationship to the rest of the institution would have been blocked by the enclosure walls abutting the building on either side of the low brick wings.

Up to three deceased patients at a time could be laid out for mourners in Steinhof's mortuary (see Figure 13), two Roman Catholics in the laying-out halls (*Aufbahrung*) in the wings on either side of the central bay (which contained the funeral chapel) and one non-Catholic in a smaller room reserved for this purpose on the ground floor but within the asylum zone of the building (labeled *Akatholiken* on the ground-floor plan). The provision of multiple entrances and the careful separation of circulation routes for different groups of users, which we saw on the asylum side, is also evident on the public side. Each of the two laying-out rooms for Catholics was accessible via a dedicated entrance from one of the open arcades flanking the central volume of the funeral chapel (the arcades also gave access to visitors' lavatories). Mourners attending a funeral would proceed directly from the garden up the flight of steps either left or right of the main funeral chapel entrance, across the shallow arcade and into the room, low and dimly lit, where the body of the

patient was laid out. At the appointed time, attendants would carry the coffin into the funeral chapel through a double door in the adjoining wall, followed by the mourners. The priest, having prepared himself in the sacristy, would meet them, entering from the back.⁶⁷ The funeral chapel was double-height and in the form of a small parish church, a long rectangular volume with a barrel vault, clerestory windows, an altar with crucifixion group in relief on the end wall, and a lunette over the door, in stained glass.⁶⁸ After the funeral, coffin, attendants, and mourners would depart ceremoniously through the chapel's high central door, where carriages and hearse would await to transport them out through the southernmost gate to the public road and on to a cemetery for the burial. The smoothness of this process, and the carefully limited experience gained of the mortuary building by most mourners, is thrown into relief by the awkwardness of the experience offered to mourners at non-Catholic funerals. The two potential routes from the mortuary's front garden to the room for laying out non-Catholics—either cutting through one of the other laying-out rooms, or needing to be admitted through an opening in the enclosure wall to a side entrance into the corridor off which the relevant room was located—both took the mourner deeper into the building, and risked encounters with bodies, attendants and researchers.

Immersion in the intricacies of the building's multiple interior and exterior spaces and levels gives way to the elevated position of the master planner in the institution's widely publicized site plan and in an elaborate 1908 scale model.⁶⁹ The mortuary building at Steinhof was physically less distant from the rest of the asylum than the Mauer-Öhling mortuary, but it was in other ways more distinct. Compared to the site plan for Mauer-Öhling, Wagner's plan for the Steinhof asylum had to encompass many more buildings, all of which were grouped together on the west-facing slope of the site, leaving the top of the rise empty for farmland for the institution (see Figure 12). The carefully proportioned series of axial grids devised by Wagner was received at the time as "organic," in the sense that the whole complex seemed to work aesthetically as a united whole, oriented to the node of Wagner's church at the top of the main axis of common buildings.⁷⁰ As at Mauer-Öhling, the way the mortuary building at Steinhof was situated deviated from the governing geometric system. It was described by Berger as "positioned separately from the other buildings,"⁷¹ but the separation here was not so much geographic as visual. Whereas at Mauer-Öhling the mortuary was at a distinct physical remove from the rest of the complex and the organizing lines of its road and pathways, at Steinhof, the mortuary, while at the edge of the main grid, remained within its purview. The deviation is in orientation:

while the buildings of the main asylum complex to the west of the mortuary are planned on axes all oriented roughly north-south, and the smaller group of buildings of the asylum farm to the north are oriented east-west, the mortuary building's axis is shifted 45 degrees into a northwest to southeast orientation, and it is the only building in the complex of sixty to stand alone, outside of a group of structures with a shared axial organization. It is also the only one to be oriented toward the road that runs southwest to northeast along the eastern boundary of the asylum (the boundary on which the mortuary is situated), and in the site plan it is the angle of this road, and of another road bisecting it and terminating on axis with the mortuary, that provide the visual motivation for the mortuary's deviation from the organizing geometry of the whole.

Also visible in site plan and model is the relationship of the mortuary building to the circulation routes within and beyond the asylum grounds, as well as its connection to the boundary between these two realms. The mortuary abuts the grid of roads around which the main asylum is organized, and this grid, supplemented by a curving road from the direction of the farm, provides several access routes to the side of the building opening into the asylum grounds. The other, eastern side of the building, opens onto a walled, half-oval transitional area that is part garden and part turning route for vehicles which enter from and depart onto the public road through gates.⁷² These two gates, along with the third, for pedestrians, on axis with the building, are set into the passage of wrought-iron fence described above, which interrupts the line of the asylum's enclosure wall and provides passers-by with a view of the southeast, public side of

the mortuary. While this passage of fence interrupts the line of the wall, the wall itself continues, swinging back from the road to abut the mortuary building on each flank, forming the border of the half-oval transitional area mentioned above, and preventing any movement from the asylum territory into the mortuary forecourt and road, and vice versa. The mortuary building, built into the wall of the institution, represents a visual and physical opening of the institution to the outside, while at the same time maintaining a strict separation between institution and outside.

At Mauer-Öhling, the walls abutting each side of the mortuary reinforced functional separation between the asylum and public sides of the building and its surroundings, but the forceful unity of the building's volumes and external articulation visually counteracted that separation. At Steinhof, by contrast, the formal qualities of the building emphasize the absence of unity, even if the formal disjunctions do not correspond exactly with the splits evident in the program. The building is axial and additive, and while cohering from some perspectives, it falls apart from others.

The elevation published in the volume of plans and drawings issued to mark the completion of Steinhof capitalizes on the unifying force of the central axis (Figure 18). It shows the building from the public, funerary side, and the central bay containing the funeral chapel provides a unifying focal point (its own axuality reinforced by repeated mirroring forms—angels, urns, pilasters, mullions—as well as by the centrally placed cross at the peak of the roof). Around it are coherently grouped the low, flanking wings with their arcades, the sections of enclosure wall on either side, and,



Figure 18 Steinhof asylum mortuary, elevation and section (*N.-Ö. Landes- Heil- und Pflegeanstalten*, plate 45. Lower Austrian Provincial Library, St. Pölten)



Figure 19 Steinhof asylum mortuary, shortly after completion (Courtesy of Otto-Wagner-Spital, Vienna)

forming a neutral backdrop, the rectangular form of the two-story asylum side of the building. The flattening effect of the drafting technique deemphasizes the projections and recessions (and resulting shadows and concealments) of the public side of the building, and underplays the contrast with the planar quality of the asylum side.

A section taken along the central axis and reproduced alongside the elevation in the commemorative volume, undermines the elevation's impression of coherence. The stark disjunction in height between the funeral chapel and the asylum-oriented section of the building is not softened, and only the asylum side extends below ground into a basement level. The gable over the funeral chapel entrance, with its cross and mourning angels, is revealed to be a thin surface element unconnected to the volume of the roof behind it. A transitional space (shown in the floor plans to be a corridor bisecting the building horizontally) is marked at roof level by a bell tower too lightweight in construction and narrow in diameter to create a nodal point. This bell tower, almost Gothic in the delicacy of its thin members, departs formally from both the heavy, abstracted neo-Renaissance forms of the funeral chapel entrance and the planar, graphic quality of the side of the building oriented toward the asylum.

In a contemporary photograph taken from an oblique angle the lantern watches over a variegated roofscape on five different levels (Figure 19). The low, arcaded wings in brick on the public side of the building, invisible in the section, are shown in the photograph to consist of a shallow element, one bay deep, its inclined roof truncated, abutting a lower, stuccoed and whitewashed structure (displaying narrow rectangular windows lighting the lavatories and sacristies), with flat roofs on two levels, punctured by a skylight, illuminating the rooms for laying out corpses. It is here that we can see that the building's formal contrasts do not always correspond to the division between the scientific and funerary aspects of its program. On the flank visible in the photograph there is an abrupt break between the surface articulation of the arcade serving as an entrance porch to the laying-out room, on the one hand, and that of the outer wall of the volume containing the laying-out room, the mourners' lavatory, and the sacristy, on the other; the course created by the capital moldings from which the arches spring is interrupted, the rooflines do not join up, and the surface material changes suddenly from exposed brick to coursed whitewashed stucco. But there is continuity between the surface and courses of the lavatory/sacristy/laying-out room and the

asylum-oriented section of the building that it abuts to the west.

The Steinhof mortuary, then, is a building characterized on a formal level by abrupt juxtapositions, additive combinations of elements, and multiple architectural vocabularies. The multifaceted, potentially self-contradictory character of the program permeates the building on a visual and spatial level as well. One review of the newly opened asylum in the building trade press presented the aesthetic qualities of all of the asylum buildings not designed by Otto Wagner in terms of absence and failure: the exterior architecture, the author argued, was characterized by the “usual mediocrity” seen in projects executed by government architects. An opportunity had been missed to exploit “the serious, young, enthusiastic Viennese artistic community,” by which the author would have meant the Wagner school.⁷³ Even putting the partisan evaluation aside, one can still acknowledge, at least in the case of the mortuary, that the author has pinpointed an important difference in approach. The existence in the same institution of Wagner’s St Leopold’s church (Figure 20), with its central plan, simple, self-consciously

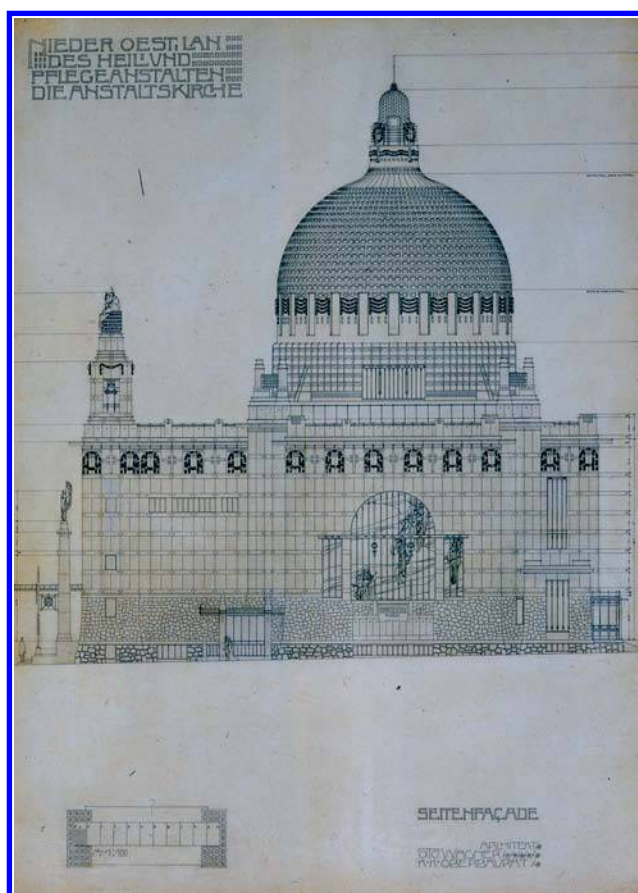


Figure 20 Otto Wagner, Steinhof Church, drawing for side façade, 1907 (©Wien Museum)

coherent forms, and totalizing surface articulation showed what the architect of the Steinhof mortuary was *not* attempting to do.

The mortuary’s design can be seen as partaking of a pragmatic eclecticism. It is an individual solution to a program that sought to do multiple things for multiple audiences and uses, and that changed and developed over the time during which the building was designed and built. Wagner himself advocated a design process that took the purpose of the building as its starting point, but equally important for his vision of modern architecture was the unifying idea, the “inner truth” of the program, which was always for Wagner an impulse toward coherence, no matter how multifaceted the program was or how many potential contradictions were inherent in the brief. Wagner’s design of the urban plan for Steinhof (see Figure 12), and the massive, exquisitely proportioned and landscaped grid according to which the institution was laid out, is itself an example of this design process at work. In this, rationalism and coherence trump ambivalence and complexity.⁷⁴ The Mauer-Öhling mortuary strives for just this kind of combination of straightforwardness and unifying rhetoric.

The Steinhof mortuary, on the other hand, is an example of truth to purpose combined with inattention to inner truth—or indeed to any cohering principle. The planar, light-filled, ahistorical simplicity of the asylum side of the building uses a Wagner-school vocabulary to speak to Steinhof’s doctors about how well provided they are with facilities for high-prestige anatomical research, while it also, in its similarity to the other buildings in the complex, obscures from patients the morbid character of this asylum building. The conventional rhetoric of the public side of the mortuary communicates to mourners an appropriately pious and dignified attitude to the death of their relative or friend. For passers-by, this same conventionality and propriety softens the potentially disruptive presence of a funerary architecture in an institution that was supposed to be curative. The architect’s approach to audience is limited and pragmatic. There are key groups (doctors, patients, mourners, travelers on the public road) who see the building from the asylum, or from the front garden, or from the road, and they are spoken to directly, in the language appropriate to their respective needs. No more distanced point of view is imagined, no concession made to the evaluative perspective that wants to understand the building as a whole.

Allusive Balance: Kroměříž

The mortuary of the Moravian Crown Land Asylum at Kroměříž (German Kremsier), is different again (Figure 21).



Figure 21 Hubert Gessner, Mortuary Building, Moravian Crown Land Asylum at Kroměříž, Czech Republic, 1908 (Vincenc Návrat, *Die Entwicklung des Irrenwesens in Mähren und die neue Kaiser Franz Josef I Landes-Heilanstalt in Kremsier / Vývoj Choro-romyslnictví Na Moravě a Nový Zem. Léčeb. Ústav Cés. Frant. Josefa I. V Kroměříži* [1908], n.p. ÖNB Vienna)

Its design represents yet another way in which the split asylum mortuary program was made meaningful. The Kroměříž asylum was planned and built between 1903 and 1908, and followed the villa system that had become standard by then. It encompassed 42 different buildings on 65.5 acres, intended for 1,100 patients, making it about the same size as Mauer-Öhling, and half as big as Steinhof.⁷⁵ One of the things that distinguishes the Kroměříž asylum from Steinhof and Mauer-Öhling is the fact that a private architect was commissioned to design all the buildings. That architect was Hubert Gessner, a native of Moravia, who had studied with Wagner between 1894 and 1898. By 1904, when he first became involved in the design of the asylum, he had begun to make a name for himself in Vienna with a series of progressive projects in Vienna, Brno, and elsewhere.⁷⁶

The 1904 brief for the institution, devised by the usual combination of psychiatrists and government officials and engineers, called for a mortuary with the standard features.⁷⁷ It should contain a storage space for corpses, a room for autopsies, and a space for the laying out of the body, in addition to a work space for medics and living spaces for the mortuary attendant (the brief did not spell out how these spaces should relate to each other); it would be isolated from the rest of the asylum, and have separate access to the world outside the walls of the institution. The completed building, as illustrated and described in a commemorative publication (*Festschrift*) from 1908, contained several spaces in addition to those mentioned in the brief: a dedicated room for the preparation of the body for laying out, two work rooms rather than one (referred to in the *Festschrift* as

“laboratories for pathological-anatomical work”), a vestibule with adjoining bathroom and lavatory for the doctors, and an additional service flat for a night watchman (Figure 22).⁷⁸ The room for laying out became a full funeral chapel with adjoining sacristy and an alcove at one end, presumably used for the laying out itself.⁷⁹ There is a reference in the institution’s statutes to an asylum cemetery, but it did not adjoin the mortuary building as at Mauer-Öhling, and is not visible on the institution’s site plan; it was presumably located on a piece of land separate from the rest of the complex.⁸⁰ Gessner visited Mauer-Öhling as part of his research for the Kroměříž design, and would have seen the mortuary there, and again in the photograph in *Der Architekt* (see Figure 1). He also saw the plans for Steinhof and the building site on the same trip in 1905, though whether these would have included detailed plans for the mortuary is not known.⁸¹

While the design of the Mauer-Öhling mortuary used tightly ordered, compact, and “sublime” Wagner-school forms to suppress the complexity of the mortuary program, the Steinhof mortuary went in the opposite direction formally, emphasizing the split quality of the building’s function and meaning through a kind of pragmatic eclecticism. This third mortuary building presents yet another architectural interpretation; of the mortuary program. Here complexity is expressed, but coherence is emphasized, as axiality is abandoned in favor of a free articulation of plan and volumes within a compact footprint.

The diverse yet balanced character of this building, evinced in its resistance to being split into two separable experiences, is represented below by the intercutting of

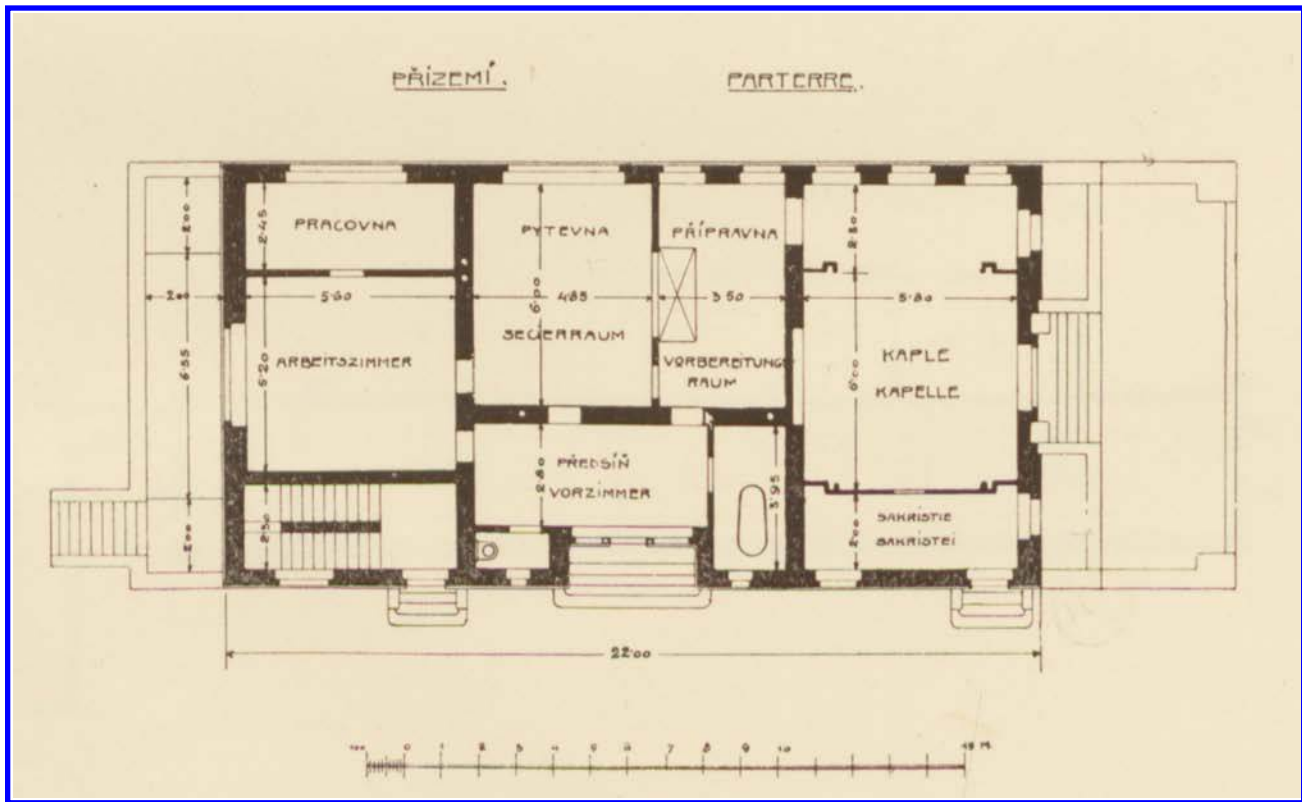


Figure 22 Kroměříž asylum mortuary, ground floor plan (Návrát, *Die Entwicklung des Irrenwesens*, n.p. ÖNB Vienna)

aspects of the (reconstructed) experience of various types of users. Rather than trace the trajectories and experiences of mourners, staff, and body one after the other as above, I have responded to the particular character of this building by constructing a montage of fragments of experience, rendered in the present tense to construct a kind of filmic simultaneity. This assumes a situation in which the building has been activated for more than one death. One patient is being mourned, another dissected, and yet another brought into the building from another place of death within the institution.

A carriage carrying a small group of mourners from the Kroměříž train station travels across the river, through the center of town and along a road forming the northern edge of the seventeenth-century formal garden bordering the asylum to the east. This road ends at a gate in a low wooden fence (Figure 23).⁸² The carriage proceeds through the gate, the mourners disembark just inside it, and arrive, seventy feet further on, at the mortuary building. It is on axis with the road they have been traveling along, and therefore has formed a visual end point during the final stages of their journey. (This is a different visual experience of approach to that they would have had when visiting their relative when

she was alive; the main entrance to the asylum complex unfolds gradually and horizontally as approached along the road running east-west along its southern edge.) The façade presented to them is both self-contained and allusive, formal and intimate; it is refined while also drawing on the vernacular (Figure 24). They rest on benches built into arms extending from the façade's podium to each side.⁸³ The high central double doors, the semicircular window above surrounded by voussoirs, the generous gable implying a (non-existent) nave, the bell tower, and the crosses above the door and in the form of a spire at the peak of the roof all signal religious function and meaning, while the half-hip of the roof connotes the rustic and domestic. But instead of ushering them into God's house by the front doors, the attendant directs the mourners to the right, around to a small door on the north side of the building, its location suggested by the one asymmetrical feature visible to them from the front: the bell tower.⁸⁴

A patient has died in House 16, the pavilion for quiet male patients on the western edge of the main complex (see Figure 23). His body is carried on a stretcher from the dormitory, out through the northern service entrance of the pavilion, and placed in a covered wagon. From here, the

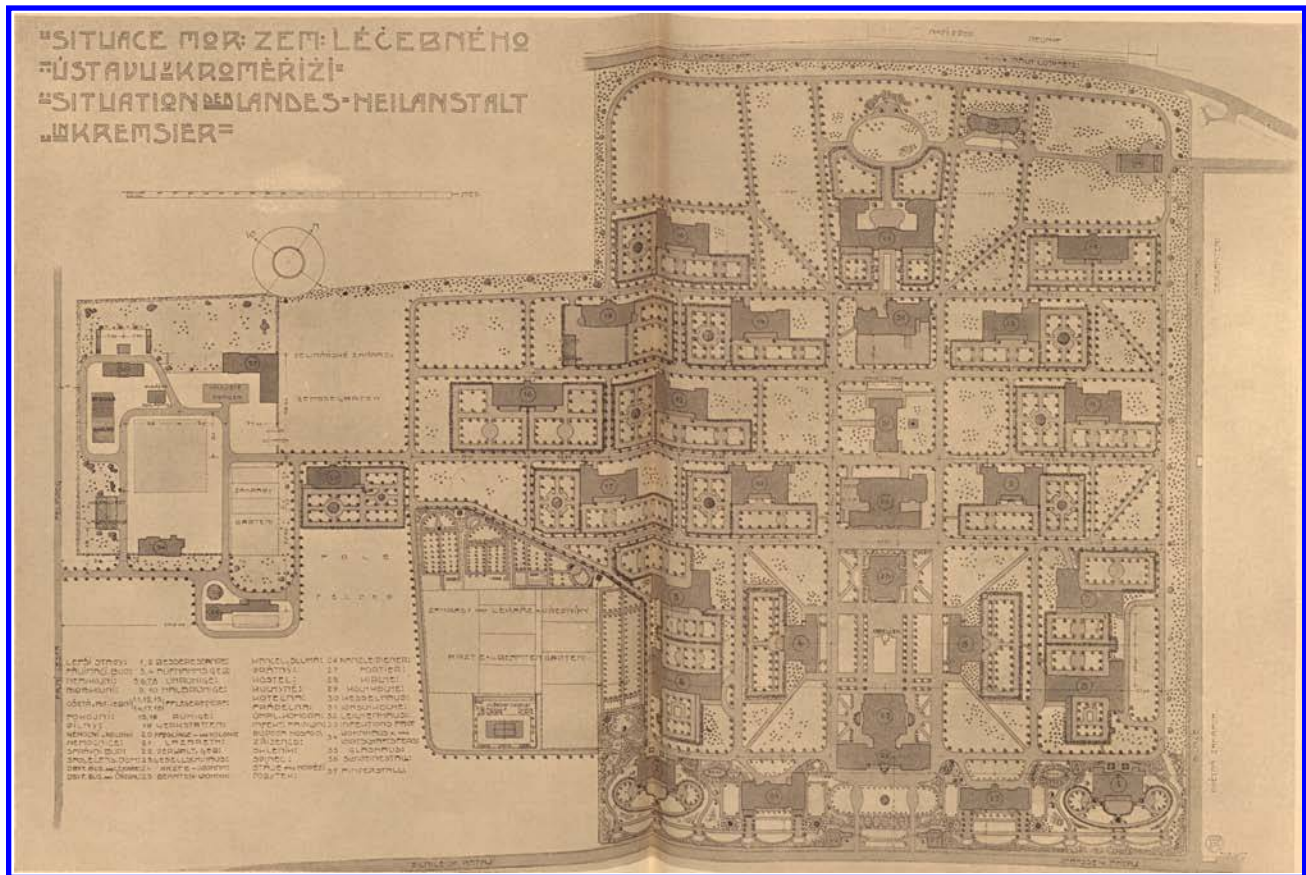


Figure 23 Kroměříž asylum, site plan, mortuary at top right (Návrat, *Die Entwicklung des Irrenwesens*, n.p. ÖNB Vienna)

driver is able to take a route to the mortuary that follows the edge of the institution's grounds to the north, maintaining for most of the journey a significant distance from places where patients might be or which might be visible to them. As the wagon turns toward the south at the northeastern corner of the asylum grounds, the mortuary's pitched roofs are visible.⁸⁵ The driver having reached the building's northeastern corner (at the same end of the building we have just seen the mourners encountering) turns along its northern flank, drives past a series of carefully proportioned and asymmetrically arranged doors and windows, one of which—lighting the autopsy room—is the impetus for a generous round arch breaking through the line of the eave. He finally pulls up along the western end, which forms a tower-like element with domestic fenestration on the first and second stories, and larger horizontal windows (lighting the laboratories) at ground level (Figure 25). The body is carried on its stretcher down a flight of steps at the southwestern corner of the building into a sub-ground-level well giving access to a centrally placed door into the cool storage space for corpses in the basement.⁸⁶

The doctor arrives to perform an autopsy and the priest to perform funeral rites. Both approach the southern flank of the mortuary building, where the horizontal church volume and the vertical apartment block volume are knitted together (Figure 26, see Figure 21): three diminutive dormer windows suggest the extension of the living spaces of the first-floor apartment into the generous sloping roof to the east; a two-story semicircular projection and oval windows lighting the stairwell in the apartment block echo the curved forms of the eastern façade. The doctor enters by a door within a wide recess under the eaves located almost in the center of this side of the building; the priest by a simpler door further along to the east.

The priest, having prepared himself in the sacristy, walks across the chapel and into the niche where mourners pay their respects to their late relative, lying in state. They then all proceed into the chapel, which is almost square in format, with an altar in the middle of its Western wall (see Figure 22). There is no nave; the space inside the eastern “church” volume of the building that is devoted to religious uses is shallow, taking up less than half of the space suggested by the



Figure 24 Kroměříž asylum mortuary, east façade facing public road (photograph by Radim Rozehnal)

dominating roof. The funeral happens under a coffered barrel vault painted with blue stars, and lit by the glazed doors and lunette in the east façade.⁸⁷ After the rites have been performed, coffin and mourners exit through these doors and hearse and carriage leave the grounds to travel to the cemetery. In the basement of the mortuary another body is wheeled into the elevator and brought up to the ground floor, emerging to the west into the dissection chamber, lit softly by the large window taking up most of the northern wall. The doctor enters from a vestibule, a transitional space between the doctor's recessed entranceway and the rooms devoted to working with dead bodies. The body, having been dissected, returns to the basement in the elevator; the parts worthy of preservation and study are processed and stored in the two laboratories accessible from the other side of the room. An attendant in the basement puts the body in a coffin and back into the elevator from where it exits to the east into

the special room, lit also from the north, devoted to the preparation of the body for the funerary rites. From there, a wide opening gives access to the laying-out niche and the mourners.

Extricating ourselves now from the building in action, we can, for the third time, take an elevated view, helped by the asylum's site plan, published in the *Festschrift* (see Figure 23). The impression of the isolation of the mortuary, and its difference from the rest of the institution, is much less marked at Kroměříž than at Mauer-Öhling or at Steinhof. While located at the edge of the complex, the mortuary is neither physically distant from the other buildings, nor does it differ from them in orientation. It is an asymmetrical element within an overall urban composition that is broadly symmetrical around the central axis of administration building, church, laundry, etc. Asymmetry and irregularity, however, penetrate the complex everywhere, not just at the edges.



Figure 25 Kroměříž asylum mortuary, from west (photograph by Radim Rozehnal)



Figure 26 Kroměříž asylum mortuary, from south (photograph by Radim Rozehnal)

The mortuary building's link to the world beyond the institution through its placement on axis with a public road abutting the complex differentiates it from most other buildings in the complex, but, again unlike the other two mortuary examples discussed here, it remains well behind the boundary line, and does not represent a breach of the wall (or fence in this case). The asylum's enclosure does not form part of the mortuary's architecture, and does not, as we have seen, obstruct the circulation around the building.

The brief for Mauer-Öhling did not specify that the mortuary building should be built into the asylum's enclosure wall, but it did require that "an arrangement be created, that prevents those attending a funeral (no matter how large the number) from entering the asylum grounds," and specified that the "*Front*" of the building with the space for funerals should be oriented to the cemetery, while the other faced the area of the asylum.⁸⁸ The designers at Mauer-Öhling decided that the way to answer both of these requirements was to make the building into an extension of the asylum enclosure wall, and to adopt a Janus-faced axial plan facing simultaneously inward and outward. Steinhof's planners must have approved of this solution, since we find it formalized in the brief for that institution's mortuary: "The [mortuary] pavilion should be situated at the periphery of the institution in such a way, that the chapel is built into an insertion in the enclosure wall and is accessible from the outside."⁸⁹ The brief for Kroměříž had nothing to say about the relationship between the enclosure and the mortuary building, and as we have seen, the building sits well within the asylum's boundary, a small, free-standing structure that can be circumnavigated without obstruction.

Gessner retained in his design for the mortuary the basic inward/outward orientation, with the funerary parts in the section of the building out toward the public road and the scientific and hygienic handling of the body happening at the other end. But he was not required—nor did he choose—to split the building into two zones by putting it in the grip of a wall extending in either direction. At Mauer-Öhling and Steinhof, the logical design solution was symmetry around a central axis perpendicular to the line of the enclosure wall and uniting (or in the case of Steinhof, hitching together) the inside and outside sections of the building. Gessner, by contrast, exploited the freedom offered by the brief (that is, by its vagueness regarding the relationship between the mortuary building and the boundary of the institution) to design a building with both symmetrical and asymmetrical, regular and irregular elements, and with four rather than two distinct fronts offering access and incident.

The complex network of circulation routes is integrated into the design and anchored by the regular,

carefully proportioned footprint of the building, a rectangle twice as long as it is wide (see Figure 22). At Mauer-Öhling, by contrast, a similar circulation network is masked from the outside by the self-conscious simplicity of volumes and surfaces; at Steinhof, circulation creates disruption and abrupt transitions, with non-Catholic mourners needing to breach the wall to get access to the designated laying-out room, and a nondescript door in the asylum-oriented façade opening directly into the corpse elevator. At Kroměříž, the combination of looseness and control in the design of the building's access points imbues the trajectories of its various users (mourners, doctors, those transporting dead bodies) with a kind of naturalness. The corpses arriving at the mortuary are taken first to the basement, and stored there. Gessner, rather than hiding this macabre necessity behind a conventional ground-floor doorway, designed a well at the west end of the building, with a stairway down into it and a door leading to the cellar (see Figure 25). This doorway is centrally positioned below the window lighting one of the laboratories and thus integrated into the symmetrical articulation of the west façade. Doctor and priest enter the building through their respective entrances on the long south side that is most easily accessible on foot from the rest of the asylum complex. The occupiers of the flats in the tower at the west end also have their door in the south front and their ascent to the flats is made visible through the semicircular projection lighting the stairway's landings (see Figures 21, 26). The three doors in the south front are consistent in height and design but are placed asymmetrically in a way that is dictated by need and communicates attention to purpose and freedom from architectural convention. The doctor's key trajectory within the building and the importance of the scientific activity there are suggested by the wide recess into which the doctor's entrance is set, and then, on the other, north side of the building, by the generous segmental arch breaking the line of the eave over the window to the autopsy room (see Figures 25, 26). At the building's northeast corner, the mourners' loop in through the side of the building and out, ceremoniously, with the priest and the late patient, though the central double doors under the cross, is less immediately legible, since when facing the dominant north façade only the one, central, access point is visible. But the bell tower (which originally bore somewhat richer geometric ornamentation) does suggest that something else might be happening to the north. On the north side of the building, the mourners' entrance, bell tower, and arch over the autopsy room window exist in an asymmetrical balance with each other and with the two contrasting upright and horizontal volumes of the building.

The lack of detail in the program may have liberated Gessner to create a building that operated and communicated in the round, but there were pressures during the building process to emphasize the outer western façade over the others. A March 1907 report on work in progress on the asylum suggested that the location of the mortuary had been shifted and that this had raised new aesthetic requirements: “Due to the placement of this building on axis with the street running behind the ornamental garden, a richer treatment of the façade and of the chapel had to be devised.”⁹⁰ The history of these changes is not entirely clear, but it is possible that Gessner himself initiated the shift in the location of the mortuary in order to give his building a public face. This move was perhaps inspired by the plans for the Steinhof mortuary whose public façade is similarly located on axis with a road terminating at the asylum’s boundary. This new façade is presented in a plan and elevation, also dated March 1907, which corresponds to the west façade of the building as visible in the contemporary photograph from the *Festschrift*, and, with some small changes, to the restored façade as it exists today (see Figures 21, 24).⁹¹

What, then, does this western, public face of the building announce through its richer articulation? What architectural filters have been applied to the mortuary’s program here? The façade gestures toward new ornamental vocabularies and compositional possibilities and, at the same time, toward older vernacular traditions. The rigorous modernity of stereometric volumes, flat planes, and spare ornament underpinned by an abstracted classical order, promoted by Gessner’s teacher Wagner, was often followed by Gessner himself in, for example, two Viennese projects executed with his brother Franz at the same time as the Kroměříž asylum was being built (the Worker’s Consumer Union of Lower Austria of 1906, and the Vorwärts publishing house of 1907–9), as well as in several of the patient pavilions in the asylum (Figure 27).

The mortuary departs markedly from this approach, with its sculptural sloping roof and asymmetrical variety, and on the public façade, in the references to the vernacular in its carved beam-ends, squat columns supporting the deep faceted overhang of the gable, and the half-hip with its delicate metal spire at the peak. The importance of regional vernacular influences is apparent from a comparison of the building with a drawing of a Moravian peasant house published in the Vienna Secession’s *Ver Sacrum* in 1900 (Figure 28). Here is the same half-hipped roof with deep eaves, supported by exposed beams, sheltering the gable; the spire (here a weathervane rather than a cross) marking the point where hip and double pitch meet; plain, rough-cast surfaces; and generous round-headed arches (without classical appurtenances of pilaster, capital and mouldings). Gessner has emphasized the symmetry of his ceremonial façade under the gable, while allowing the exterior articulation of the rest of the building, as well as the implied circulation routes, to be enlivened with the kind of organic asymmetry evoked in the drawing of the peasant house.

This Moravian peasant house was drawn by Josef Hoffmann, fellow Wagner student and founding member of the Secession, and indicates, along with the drawing’s stylized graphic qualities and deliberate composition within a square frame, that this is a very particular, metropolitan interpretation of the regional vernacular. Jindřich Vybíral has shown in his study of the work of Wagner students in Moravia and Silesia how Hoffmann developed from early in his career an interest in peasant arts and building in Moravia (where he, like Gessner, was born and raised), but that this interest was distinct from both the anthropological and archaeological recording of such phenomena and from the sentimental or political emphasis on the arts and architecture of the “people.” Hoffmann’s route to the regional vernacular of his homeland was via the British Arts and Crafts movement and was of a piece with his praise of the simplicity and



Figure 27 Kroměříž asylum, pavilion for disturbed patients (Návrát, *Die Entwicklung des Irrenwesens*, n.p. ÖNB Vienna)

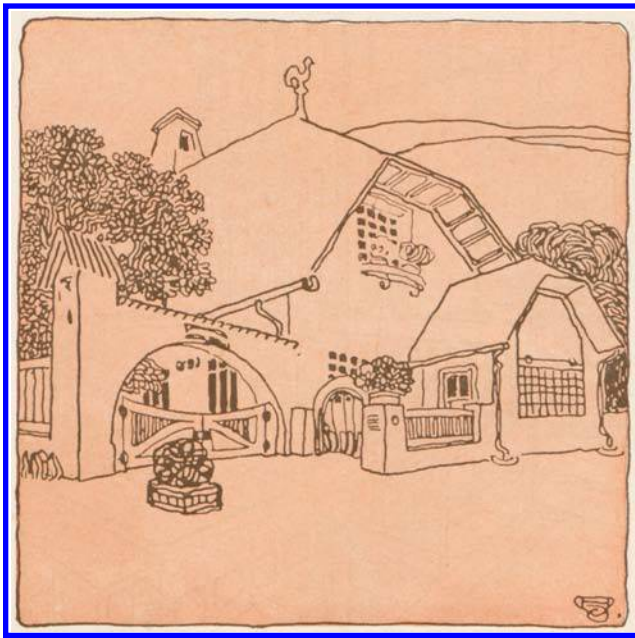


Figure 28 Josef Hoffmann, *Sketch of a Moravian Peasant House*, 1900 (*Ver Sacrum* 3 [1900] Heft 5, 67. ÖNB Vienna)

practicality of southern Italian vernacular architecture. The vernacular, for Hoffmann and for others such as Olbrich and Leopold Bauer, was another impulse, alongside modern technology and the Biedermeier revival, toward an honest, authentic architecture for modern times.⁹²

Returning to Gessner's solution for the western façade of the mortuary, we can see this seamless combination of vernacular and self-consciously "modern" elements in the way the deep gable with its carved beam-ends and squat columns surrounds a sleek and tightly controlled geometric composition of flat fields of color (the stucco above and the marble cladding below), circles and squares, and stylized black and white ornamentation. The stylized and contained figural ornamentation consisting of gilded angels' heads at the ends of the beams under the gable eaves, and white, black, and gold mosaic images of angels, now destroyed, flanking the central portal, is traditional in motivation and progressive in execution, gesturing perhaps to the similar treatment of angelic iconography on the façade of Wagner's Steinhof church.

The use of the peasant house form as a starting point, and the synthesis of vernacular, English allusiveness and looseness with rational, abstract, Wagner-like control, associates the building as a whole with projects by other Wagner students such as Olbrich's house at Darmstadt from 1901 and Bauer's villa for Karl Reißig in Brno of 1901–3.⁹³ It was an approach that allowed Gessner to develop a relaxed,

non-determinant but coherent architectural interpretation of the thorny complexities of the mortuary program.

Authors, Audiences, Communication, and the Limits of Coherence

In a special issue of the journal *Psychiatrisch-Neurologische Wochenschrift* dedicated to the opening of the Steinhof asylum, psychiatrist Karl Richter gave a detailed statistical account of patient admissions to, diagnoses in, and departures from Lower Austrian asylums in the years 1865 to 1906. He concluded with deaths: "Moving on to the relationship between mortality and the various specific psychoses, out of the 43,532 mentally ill constituting the total patient population between 1885 and 1906 (24,865 mentally ill men and 18,667 mentally ill women), 2945 men and 1408 women died, corresponding therefore to 11.9% of the male patient population and 7.6% of the female. The highest rate of death was of course among those with progressive paralysis [the end stages of syphilis]: 66% of men and 32% of women." He continued with a table giving the percentages of dead male and female patients with thirteen particular diagnoses including "paranoia," "melancholia," and "mental disturbance due to alcoholism," as well as "no particular diagnosis" and "dying when admitted."⁹⁴

The table of deaths formed the conclusion of Richter's article; there was no accompanying gloss. The combination of madness, death, careful categorization and statistical analysis fit comfortably within the frame of reference of the asylum doctor and his readers. The spatial settings for the handling of the deaths recorded in these statistics (as well as in the equivalent statistics for the other Austrian Crown Lands) had changed over the period Richter's article recorded, with the building of Mauer-Öhling, Steinhof, Kroměříž and other new-style asylums. A side effect of the asylum reform impulses of the turn of the century, un commented on at the time, was the emergence of the mortuary as a visible entity and an architectural one. It was still a medical space, in which bodies, converted by death into sources of anatomical insight and pathological specimens, were used for psychiatric research. But now the same structure had a new public dimension and involved audiences and authors outside of doctors' control and a medical frame of reference: mourners, passers-by, and architects. The dead person herself received expression in this new structure as medical case and morbidity statistic, but also as an individual within a social and family network. The circulation of her body into, through and out of the spaces of the mortuary was a journey of metamorphosis, in which she changed from member of the asylum population suffering from a particular mental disorder,

to a recent death, a dissected body, a deceased patient laid out for visitation, a buried and mourned individual.

The three mortuary buildings examined here said different things, and they also undertook the task of communicating, of rendering the brief meaningful, by contrasting means; faced with the abrupt juxtapositions of the program, they pushed for coherence differently. At Mauer-Öhling, overall regularity and unity of impact combined with a powerful inscrutability. The Steinhof mortuary spoke in two sharply contrasting but in themselves straightforward languages to two different audiences, forfeiting a “higher” coherence. The design for the mortuary at Kroměříž neither forced nor abandoned coherence, but attempted to render the program’s complexity “natural” by combining control with an allusive looseness.

Nothing is written down that gives access to the architects’ own emotional or intellectual reaction to the bundle of issues represented by the brief for the asylum mortuary, but the buildings themselves, in their diversity, show that a stock response, a pre-established type, was not available. A concatenation of institutional, scientific, religious, and customary requirements and strategies had thrown up a program for a building—small but multifaceted, marginal yet public—that tested almost to the limit early modernism’s ambition to be at once expressive of purpose and meaning. On the edge of Central European mental hospitals, at the beginnings of self-consciously modern architecture, corpses circulated, identities metamorphosed, and architectural and interpretive coherence hung in the balance.

Notes

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2. “Die Kaiser Franz Joseph-Landes-Heil- und Pflege-Anstalt in Mauer-Öhling,” *Der Architekt* 9 (1903), 39–42, plates 95–98, quotation 39.
3. For fuller accounts of the villa system asylum in the Habsburg Empire and its architecture and site planning, see Leslie Topp, “Otto Wagner and the Steinhof Psychiatric Hospital: Architecture as Misunderstanding,” *Art Bulletin* 87, no. 1 (2005), 130–56; Leslie Topp, “The Modern Mental Hospital in Late Nineteenth-Century Germany and Austria: Psychiatric Space and Images of Freedom and Control,” in *Madness, Architecture and the Built*

Environment: Psychiatric Spaces in Historical Context, ed. Leslie Topp, James Moran, and Jonathan Andrews, *Social History of Medicine* (New York and London: Routledge, 2007), 241–61; Leslie Topp, “Psychiatric Institutions, Their Architecture and the Politics of Regional Autonomy in the Austro-Hungarian Monarchy,” *Studies in the History and Philosophy of the Biological and Biomedical Sciences* 38 (2007), 733–55.

4. Anthony Alofsin, *When Buildings Speak: Architecture as Language in the Habsburg Empire and Its Aftermath, 1867–1933* (Chicago: University of Chicago Press, 2006).

5. Tatjana Buklijas, “Cultures of Death and Politics of Corpse Supply: Anatomy in Vienna, 1848–1914,” *Bulletin of the History of Medicine* 82 (2008), 576–85.

6. *Ibid.*, 585–94.

7. “10. Verordnung des k.k. Statthalters im Erzherzogthume Oesterreich unter der Enns vom 2. März 1887, Z. 9408, betreffend das Vorgehen und die Vorsichten bei außerärztlichen Leichenöffnungen und bei gewissen Operationen an Leichen,” *Landes- Gesetz- und Verordnungsblatt für das Erzherzogthum Oesterreich unter der Enns* (1887), 100, <http://alex.onb.ac.at/cgi-content/anno-plus?apm=0&aid=lgn&datum=18870004&seite=00000099&zoom=2> (accessed 1 Oct. 2010).

8. *Ibid.*, 99–100. The preamble to this Lower Austrian law states that it was established in response to a decree from the Ministry of the Interior, which would have had jurisdiction over all the Crown Lands in the “Austrian” half of the double monarchy. Presumably, therefore, similar laws were established in the other Crown Lands.

9. Eugen Hofmokl, ed., *Wiener Heilanstalten: Darstellung deren baulichen Anlage und Einrichtung* (Vienna: Hölder, 1910), 188. The statutes of the new psychiatric hospitals built in this period all specify that autopsies should normally be performed on the bodies of deceased patients. For example: “Bericht des mährischen Landes-Ausschusses betreffend den Neubau der Landesheilanstalt in Kremsier, Beilage: Statut der mährischen Landesheilanstalt in Kremsier,” 1907, box 6822, folder 102718, p. 25, Zemský výbor collection, Moravian Provincial Archive, Brno; “Bericht und Antrag des niederösterreichischen Landesauschusses betreffend die Activirung der Kaiser Franz Joseph-Landes-Heil- und Pflegeanstalt in Mauer-Öhling (Beilage XXIII),” *Stenographische Protokolle des niederösterreichischen Landtages VIII Wahlperiode*, Beilagen 2 (1901), 21; *Statut für die N-Ö Landes- Heil- und Pflegeanstalten für Geistes- und Nervenkrankhe ‘Am Steinhof’ in Wien, XIII* (Vienna: Landesauschuss des Erzherzogthumes Österreich unter der Enns, 1907), 23–24.

10. *Dienstvorschriften für die Ärzte* (Vienna: Landesauschuss des Erzherzogthums Oesterreich unter der Enns, 1909), 74. See also the institutional statutes cited in the previous note.

11. Hermann Biehlolawek, ed., *Die nieder-österreichischen Landes-Irrenanstalten und die Fürsorge des Landes Niederösterreich für schwachsinnige Kinder: Jahresbericht* (1906–7), 211. Those that were not subjected to autopsy may have belonged to minority religious groups. Buklijas, in her study of the practice of anatomy in the long nineteenth century in Vienna, shows that the Roman Catholic church had no objection to autopsy or dissection, as long as the body was subsequently buried in consecrated ground. Protestant and especially Jewish prohibitions against interfering with the bodies of the dead were the cause of much controversy in the context of anti-Semitic Viennese politics around 1900. Tatjana Buklijas, “Dissection, Discipline and Urban Transformation: Anatomy at the University of Vienna, 1845–1914” (PhD diss., University of Cambridge, 2005), 77, 241–42.

12. Some of these procedures (cleaning, sewing up, disinfecting) are spelled out in the 1887 law (“10. Verordnung,” 100). The others are implicit in building briefs and labeled floor plans for asylum mortuary buildings cited below, or are mentioned in accounts of the operation of mortuary buildings such as that by the Steinhof director Heinrich Schlöss (Heinrich Schlöss,

“Die n.-ö. Landes- Heil- und Pflegeanstalten für Geistes- und Nerven- kranke ‘Am Steinhof’ in Wien,” *Wiener klinische Rundschau* 21, no. 40 [1907], 635).

13. Friedrich Oswald Kuhn, *Krankenhäuser*, Handbuch der Architektur, 4. Teil, 3. Halb-Band, 1. Heft (Stuttgart: A. Bergsträsser, 1903), 323.

14. Henry C. Burdett, *Hospitals and Asylums of the World*, vol. 4, *Hospital Construction* (London: J. & A. Churchill, 1893), 80.

15. Where constricted sites, such those possessed by “the large hospitals of great cities,” made a separate structure impossible, “it then becomes a question whether the best place may not be the top of the building, rather than, as often occurs, the basement.” Burdett, *Hospitals and Asylums*, 4: 81.

16. Ibid., 4: across from 28. See also 21–22.

17. Pius Deiaco, “Tiroler Landes-Irrenanstalt Pergine,” in *Irrenpflege*, ed. Schlöss, 327, and see site plan on 324 and view on 328.

18. At the Brno asylum, built 1861–63, the mortuary was situated in the far northern corner of the grounds. It was converted in 1889 into a pavilion for patients with infectious diseases, at which point a new mortuary was built in the far southern corner of the grounds (Alfred Hellwig, “Mährische Landes-Irrenanstalt in Brünn,” in *Irrenpflege*, ed. Schlöss, 47, and see site plan 142). For the location of the mortuary at the Graz asylum (1873), see Otto Hassmann, “Die Steiermärkische Landes-Irren-Heil- und Pflege-Anstalt ‘Feldhof,’” in *Irrenpflege*, ed. Schlöss, 298.

19. Deiaco, “Tiroler Landes-Irrenanstalt Pergine,” 328.

20. Hofmohl, in his 1910 description of hospitals in Vienna, uses the term “Prosektor” (usually translated as “pathological department”) for mortuaries. Hofmohl, ed., *Wiener Heilanstalten*, 188–89. The plans for the mortuaries at the early twentieth-century Habsburg asylums at Gorizia (in the Ufficio tecnico, Provincia di Gorizia) and Trieste (in the Ufficio tecnico comunale, Comune di Trieste) are labeled “*padiglione per il servizio necroscopio*” and “*padiglione per la necroscopia*,” respectively.

21. Hans-Kurt Boehlke, “Über das Aufkommen der Leichenhäuser,” in *Wie die Alten den Tod gebildet: Wandlungen der Sepulkralkultur 1750–1850*, ed. Hans-Kurt Boehlke et al. Kassel Studien zur Sepulkralkultur 1 (Mainz: v. Hase & Koehler, 1979), 135–46.

22. Boehlke focuses for the most part on Germany, but his account is also relevant for the Austrian context. See Franz Knispel and Brigitte Werner, *Zur Geschichte der Aufbahrungshallen auf dem Wiener Zentralfriedhof* (Vienna: Wiener Stadtwerke - Stadtische Bestattung, 1984), 30. See also Marion Ursula Stein, “Das Leichenhaus. Zur Entwicklung einer Sepulkralkultur in Deutschland im 18. und 19. Jahrhundert” (PhD diss., Philipps-Universität Marburg, 1992), 7–21.

23. Boehlke, “Über das Aufkommen der Leichenhäuser,” 135–36.

24. Stein, “Das Leichenhaus.”

25. “Über die Vornahme von Leichenöffnungen in den Krankenhäusern, insbesondere in den Irrenanstalten,” *Psychiatrisch-Neurologische Wochenschrift*, no. 17 (1901), 176.

26. Eric Engstrom, *Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice*, *Cornell Studies in the History of Psychiatry* (Ithaca: Cornell University Press, 2003), 90; Erna Lesky, *The Vienna Medical School of the 19th Century* (Baltimore: Johns Hopkins University Press, 1976), 334–35.

27. Engstrom, *Clinical Psychiatry in Imperial Germany*, 88–107.

28. C. K. Clarke, “Notes on Some of the Psychiatric Clinics and Asylums of Germany,” *The American Journal of Insanity* 65 (1908–9), 364; Engstrom, *Clinical Psychiatry in Imperial Germany*, 102, 105–6.

29. Engstrom, *Clinical Psychiatry in Imperial Germany*, 88, 105–7.

30. Josef Starlinger, “Einiges über Irrenklinik, Irrenanstalt, Irrenpflege in den letzten 25 Jahren,” *Jahrbücher für Psychiatrie* 26 (1906), 416. The emphasis is Starlinger’s.

31. “Bericht des mährischen Landes-Ausschusses betreffend den Neubau der Landesheilanstalt in Kremsier, Beilage: Statut der mährischen Landesheilanstalt in Kremsier,” 25; “Bericht und Antrag des niederösterreichischen Landesausschusses betreffend die Activirung der Kaiser Franz Joseph-Landes-Heil- und Pflegeanstalt in Mauer-Öhling (Beilage XXIII),” 21; *Statut für Steinhof*, 23–24.

32. One type of institution in which patients were expected to live in until they died was the Victorian asylum for the criminally insane. A reporter writing in the *Times* about the newly opened Broadmoor asylum in England saw the provision of a cemetery as symbolic of the uniquely complete confinement there: “[the patients] can do anything but pass the boundaries which shut them in forever from the world beyond. Within these they live and die, and within these they are buried in the little cemetery attached to the asylum. . . . A committal to Broadmoor for murderous madness is as final as regards the change of return to the world as death.” “A visit to the Criminal Lunatic Asylum,” *The Times*, 13 Jan. 1865, quoted in Deborah Weiner, “‘This Coy and Secluded Dwelling’: Broadmoor Asylum for the Criminally Insane,” in *Madness, Architecture and the Built Environment*, ed. Topp, Moran, and Andrews, 145.

33. Kuhn, *Krankenhäuser*, 323.

34. Max Hegele, the architect of the mortuary buildings built 1905–7 as part of the Vienna Central Cemetery, described how he carefully designed the interior spaces to prevent mourners from seeing anything of the business and logistics of the handling of the corpses. (undated speech, quoted in Knispel and Werner, *Zur Geschichte Der Aufbahrungshallen*, 32.) For the analysis of shallow and deep spaces in hospitals, see Thomas Markus, *Buildings and Power: Freedom and Control in the Origin of Modern Building Types* (London: Routledge, 1993), 12–21.

35. Topp, “The Modern Mental Hospital,” 241–61.

36. For photographs of mortuary buildings in the psychiatric literature, see: Vincenz Návrát, “Die mährische Kaiser Franz Josef I. Landesheilanstalt in Kremsier,” *Zeitschrift für Kranken- und Humanitätsanstalten* 2 (1912), 135; Schlöss, ed. *Irrenpflege*, 25, 161, 340; and in the general and architectural literature, see page featuring an elevation and section of the Steinhof mortuary in the commemorative volume of plans, sections and elevations N.-Ö. Landes- Heil- Und Pflegeanstalten Für Geistes- Und Nervenkranken “Am Steinhof” in Wien (1907?), n.p.; “Die Kaiser Franz Joseph-Landes-Heil- und Pflege-Anstalt in Mauer-Öhling,” 39; page with view and plan of the Kroměříž mortuary in Vincenc Návrát, *Die Entwicklung des Irrenwesens in Mähren und die neue Kaiser Franz Josef I Landes-Heilanstalt in Kremsier/ Výchov Choromyslnictví Na Moravě a Nový Zem. Léčeb. Ústav Cés. Frant. Josefa I. V Kroměříži* (1908), n.p.

37. See Topp, “Modern Mental Hospital,” 252.

38. “Bericht des niederösterreichischen Landesauschusses über die Vorarbeiten für die anlässlich des fünfzigjährigen Regierungsjubiläums seiner Majestät des Kaisers Franz Josef I. in Mauer-Öhling zu errichtende Landesanstalt, beziehungsweise über eine Reform der Irrenpflege in Niederösterreich (Beilage XLVI),” *Stenographische Protokolle des niederösterreichischen Landtages VIII Wahlperiode* (1897), 67.

39. The use of an elevator for transporting bodies to different parts of the mortuary is recommended by Kuhn (*Krankenhäuser*, 324.) The mortuary at Vienna’s central cemetery, designed 1905 by Max Hegele, included an elevator to bring bodies, prepared to be viewed, directly from the cool room in the basement to the funeral chapel. Knispel and Werner, *Zur Geschichte der Aufbahrungshallen*, 32.

40. The committee charged with producing a building brief for Steinhof included both the director (Josef Krayatch) and the architect (Carlo von Boog) of the Mauer-Öhling asylum; the committee visited the

Mauer-Öhling site in the course of devising the brief (“Bericht des niederösterreichischen Landesauschusses über den Landtagsbeschluss vom 9. Juli 1901, betreffend die Abtretung der Landes-Irrenanstaltrealität im IX. Wiener Gemeindebezirk zum Zwecke des Neubaus von Medicinischen Unterrichtskliniken [Beilage XLVI],” *Stenographische Protokolle des niederösterreichischen Landtages VIII Wahlperiode* [1902], 20). The group of architects responsible for designing Steinhof was part of the same Lower Austrian Office of Public Works that undertook the Mauer-Öhling plans. The Mauer-Öhling design was also consulted during the planning and design of the Kroměříž asylum: two Moravian government officials paid a visit there in 1903 and the asylum architect, Hubert Gessner, visited as part of his research for the design in 1904 (box 6810, folder 31867, and box 6984, folder 90263, Zemský výbor collection, Moravian Provincial Archive, Brno).

41. “Die Kaiser Franz Joseph-Landes-Heil- und Pflege-Anstalt in Mauer-Öhling,” 39. The 1899 plans are in box 2443 (Departement J [Sanität] 1903), N.Ö. Regierung Collection, Lower Austrian Provincial Archive, St. Pölten.

42. “Die Kaiser Franz Joseph-Landes-Heil- und Pflege-Anstalt in Mauer-Öhling,” 39. In 1902, when the asylum was opened, Gschöpf and Winter were paid bonuses of 600 and 400 Kronen respectively for “architectural work” (architektonische Arbeiten) (Fascicle 1, Box 14, I-7/2 [Mauer-Öhling Personalien, 1900–1904], *Landesausschuss ab 1903* collection, Lower Austrian Provincial Archive, St. Pölten).

43. For Boog’s background and training, see his personnel file (FC2 Landesverwaltung, C3 Bau-Pers. A-O, Lower Austrian Provincial Archive, St. Pölten) as well as Elisabeth Koller-Glück, “Carlo von Boog und Mauer-Öhling: Landesbeamter baute Jugendstil-Juwel,” *NÖ Kulturberichte*, July–Aug. 1980, 1–4, and Koller-Glück, Peter Kunerth, and Hedwig Zdražil, *Carlo von Boog und Mauer-Öhling: Die Kaiser Franz Joseph-Landes-Heil- und Pflegeanstalt Mauer-Öhling, ein Jugendstiljuwel in Nieder-Österreich* (St. Pölten: Verlag Niederösterreichisches Pressehaus, 1988), 30–35. Peter Kunerth in the 1988 book raised the issue of the authorship of the design for Mauer-Öhling and of Gschöpf and Winter’s involvement, and concluded that Boog should be credited with all the major design decisions (50). Winter’s title is given in the archival document listing the 1902 bonuses (previous note) as “Ingenieur-Assistent.” Gschöpf is named as “Architekt”; an account of his training is given in a document written by Boog confirming his employment with the Landesbauamt (file on Gschöpf, FC2 Landesverwaltung, C3 Bau-Pers. A-O, Lower Austrian Provincial Archive, St. Pölten). For Gschöpf, see also *Architekten-Lexikon Wien 1880–1945*, s.v. “Erich Gschöpf,” by Inge Scheidl, last modified 13 May 2008, http://www.azw.at/page.php?node_id=84 (accessed 27 Sept. 2010).

44. For Boog and the use of reinforced concrete at the asylum, see *Die Kaiser Franz Joseph-Landes-Heil- und Pflege-Anstalt in Mauer-Öhling: Festschrift* (Vienna: N.-Ö. Landesausschuss, 1902), 19–20.

45. Leslie Topp and Sabine Wieber, “Architecture, Psychiatry and Lebensreform at an Agricultural Colony of the Insane—Lower Austria, 1902,” *Central Europe* 7, no. 2 (2009), 125–49.

46. Gschöpf’s design for the pavilions at the Haschhof agricultural colony, also executed for the Landesbauamt, was a revision of an initial plan signed by Boog (though a more fundamental and thoroughgoing one than the revision I am suggesting the Mauer-Öhling mortuary went through). See Topp and Wieber, “Architecture, Psychiatry and Lebensreform,” 136–42.

47. Photographs of bodies laid out in the Vienna Central Cemetery mortuary show the coffin on the main axis of the centrally-planned structure, at right angles to the altar. See Knispel and Werner, *Zur Geschichte der Aufbahnhallen*, 30–32.

48. The 1899 plans of the basement and ground floor levels are the primary piece of evidence we have for the internal arrangement and interconnection of spaces. A 1902 description of the mortuary (*Die Kaiser Franz Joseph-Landes-Heil- und Pflege-Anstalt in Mauer-Öhling: Festschrift*, 44), and recent observation of the building as it now stands, give evidence for minor changes to the plans after 1899. The single storage room for corpses in the basement was supplemented by another, presumably smaller, room for the bodies of those who had died from infectious diseases—subsequent alterations in the room divisions at basement level and the absence of a revised floor plan make it impossible to determine precisely how the new arrangement worked. The small service apartment on the ground level was given its own exterior door on the “asylum” façade, and more and larger windows were inserted into this façade, lighting the apartment and the doctor’s work room, which was identified in a 1903 report as a laboratory for bacteriological investigations (*Bericht des Niederösterreichischen Landesausschusses über seine Amtswirksamkeit vom 1. Juli 1902 bis 30. Juni 1903* [Vienna: N.Ö. Landesausschuss, 1903], vol. 6a, 201).

49. Kuhn recommends slate slabs for the cool storage of corpses (Kuhn, *Krankenhäuser*, 324).

50. The site plan was widely reproduced at the time in psychiatric, governmental and architectural publications: *Bericht des niederösterreichischen Landesausschusses über seine Amtswirksamkeit vom 1. Juli 1898 bis 30. Juni 1899* (Vienna: 1899), across from 384; Carlo von Boog, “Der Bau der n-ö Landes-Heil- und Pflegeanstalt für Geistesranke in Mauer-Öhling,” *Zeitschrift des Österreichischen Ingenieur- und Architekten-Vereines* 52 (1900), 657; Ludwig Klasen, “Ausflug der Fachgruppen: Für Architektur und Hochbau, der Bau- und Eisenbahn-Ingenieure und der Fachgruppe für Gesundheitstechnik nach Mauer-Öhling,” *Der Bautechniker* 21, no. 44 (1901), 1011; *Die Kaiser Franz Joseph-Landes-Heil- und Pflege-Anstalt in Mauer-Öhling: Festschrift*, no page; “Die Kaiser Franz Joseph-Landes-Heil- und Pflege-Anstalt in Mauer-Öhling,” 41. The bird’s-eye view was published for the first time in Josef Starlinger, “Kaiser-Franz-Josef-Landes-Heil- und Pflegeanstalt Mauer-Öhling, Nieder-Oesterreich,” in *Irrenpflege in Österreich*, ed. Schlöss, 219, and 18 for the site plan.

51. The asylum at Mauer-Öhling still operates as a psychiatric hospital and, when I visited in 2005, the mortuary was still functional, though rarely used for autopsies. The room divisions in the cellar had been altered and the elevator removed. The cemetery was still there, though without any pre-World War II grave markers surviving. The original walls and gate were intact, though the outer wall and gate has since been moved to make room for the widening of the public road.

52. Leslie Topp, *Architecture and Truth in Fin-de-Siècle Vienna* (Cambridge: Cambridge University Press, 2004), 28–62.

53. “Bericht des niederösterreichischen Landesausschusses über den Landtagsbeschluss vom 9. Juli 1901,” 41.

54. “Schlussbericht des Landesausschusses für das Erzherzogtum Österreich unter der Enns über die Errichtung der niederösterreichischen Landes-Heil- und Pflegeanstalten für Geistes- und Nervenranke Am Steinhof, Wien, XIII. (Beilage 50),” *Stenographische Protokolle des niederösterreichischen Landtages X* (1909), 152. The 1902 brief included the prediction that there would be about 400 deaths a year at Steinhof; the expansion of the program for the building in the years following may be seen as a belated acknowledgment of the spaces necessary for coping with the resulting busy schedule of autopsies and funerals. The expanded facilities were accommodated by adding a story to the part of the building oriented toward the asylum grounds; I have not been able to find preliminary plans for the building showing it without the additional story.

55. "Die n.-ö. Landes- Heil- und Pflegeanstalt 'Steinhof' in Wien XIII," *Der Bautechniker* 28 (1908), 203.
56. "Schlussbericht (Beilage 50)," 44.
57. "Bericht des niederösterreichischen Landesausschusses über den Landtagsbeschluss vom 9. Juli 1901," 21.
58. The locations of day rooms and verandas are indicated on the floor plans published in a 1907 commemorative volume of plans and elevations (*N.-Ö. Landes- Heil- und Pflegeanstalten für Geistes- und Nervenkranken "Am Steinhof" in Wien*, no publisher or date.). See also Edmund Holub, "N.Oe. Landes-Heil- und Pflegeanstalten für Geistes- und Nervenkranken 'Am Steinhof' in Wien, XIII," in *Die Irrenpflege in Österreich*, ed. Schlöss, 181. The positioning of the buildings, gardens, and circulation routes is indicated on the site plan.
59. Holub, "N.Oe. Landes-Heil- und Pflegeanstalten," 182.
60. Schlöss, "Die N.-Ö. Landes- Heil- und Pflegeanstalten," 635. The director of the Moravian asylum at Kroměříž described a marble-topped self-draining table for autopsies in the mortuary there (Návrát, *Die Entwicklung Des Irrenwesens*, 49). See also Kuhn, *Krankenhäuser*, 324.
61. *Dienstvorschriften für die Ärzte*, 74–5.
62. Steinhof's first director described the first floor as containing "chemical, bacteriological and histological laboratories" as well as a "specimen collection" in a 1907 article (Schlöss, "Die N.-Ö. Landes- Heil- und Pflegeanstalten," 635).
63. Figures 16 and 17 show the larger of the two rooms labeled *Laboratorium* in Figure 15; the location of the chemistry lab (*Chemie*) has been changed.
64. In a special issue of a psychiatric journal dedicated to the new asylum, an article reflected on the research achievements of the Vienna University's prestigious psychiatric clinic, which, due to a series of complicated circumstances, had been housed in the old asylum in the 9th district, which Steinhof replaced (though the clinic itself did not move to Steinhof). The author's concluding statement referred to "works that show that by honest industriousness and a passion for research sound science can be achieved, even under external conditions that are less than ideal, indeed in many ways unsuitable, and without expensive model laboratories and equipment." (Alexander Pilcz, "Geschichte der klinischen Abteilung (k.k. I. psychiatrische Universitätsklinik) in der Wiener Landes-Irrenanstalt," *Psychiatrisch-Neurologische Wochenschrift* 9, no. 27/28 [1907], 231).
65. Schlöss, "Die N.-Ö. Landes- Heil- und Pflegeanstalten," 635.
66. The central bay includes an inscription "Memento Mori," which does not appear on the original elevation drawing.
67. This is a speculative assumption, based on the floor plan.
68. There are no early images of the interior of the funeral chapel; I am therefore assuming that the features such as the altar sculptures that are now there are the original ones; their style, and relative consistency with the exterior sculpture visible in the elevation drawing, support this.
69. For the publication of Wagner's site plan, see Topp, "Otto Wagner and the Steinhof Psychiatric Hospital," 154 note 71. For the model, see Leslie Topp, "Erwin Pendl (Studio), Model of Lower Austrian Provincial Institution for the Care and Cure of the Mentally and Nervously Ill 'Am Steinhof,' ca. 1907," in *Madness and Modernity: Mental Illness and the Visual Arts in Vienna 1900*, ed. Gemma Blackshaw and Leslie Topp (London: Lund Humphries, 2009), 100–109.
70. Topp, "Otto Wagner and the Steinhof Psychiatric Hospital," 141–45.
71. Franz Berger, "Baubeschreibung der N.-Ö. Landes-Heil- und Pflege-Anstalten für Geistes- und Nervenkranken 'Am Steinhof' in Wien XIII," *Psychiatrisch-Neurologische Wochenschrift* 9, no. 27/28 (1907), 237.
72. In the model, this transitional area is not separated from the road, and is not planted. The arrangement as built is reflected in the site plan.
73. "Die N.-Ö. Landes- Heil- und Pflegeanstalt 'Steinhof' in Wien XIII," 203.
74. Topp, "Otto Wagner and the Steinhof Psychiatric Hospital," 141–51.
75. Návrát, *Die Entwicklung des Irrenwesens*, 27–29. For the equivalent information on Mauer-Öhling see *Die Kaiser Franz Joseph-Landes-Heil- und Pflege-Anstalt in Mauer-Öhling: Festschrift*, 12, 17.
76. For Gessner, see Markus Kristan, "Hubert Gessner: Architekt zwischen Kaiserreich und Sozialdemokratie 1871–1943" (PhD diss., University of Vienna, 1997). Jindřich Vybíral has written the only comprehensive study of Gessner's work on the Kroměříž asylum (Jindřich Vybíral, *Junge Meister: Architekten aus der Schule Otto Wagners in Mähren und Schlesien*, trans. Stefan Bartilla and Jürgen Ostmeier, *Ars Viva* [Vienna: Böhlau, 2007], 117–46).
77. "Bericht des mährischen Landesausschusses über den gegenwärtigen Stand der Errichtung der Landesheil- und Pflegeanstalt in Kremsier (Nr. 379) Beilage 2: Bauprogramm für die Landes-Heil- und Pflegeanstalt in Kremsier für 1000 Pflöglinge. Genehmigt mit Beschluss des mährischen Landesausschusses vom 20. Februar 1904," box 6822, folder 44119, p. 16, Zemský výbor collection, Moravian Provincial Archive, Brno.
78. Návrát, *Die Entwicklung des Irrenwesens*, 27, 49.
79. *Ibid.*, 49.
80. "Bericht des mährischen Landes-Ausschusses betreffend den Neubau der Landesheilanstalt in Kremsier, Beilage: Statut der mährischen Landesheilanstalt in Kremsier," 25.
81. "Reise-Partikulare des Architekten Hubert Gessner aus Anlass des Baues der Heil- und Pflegeanstalt in Kremsier," 1905, box 6984, folder 90263, Zemský výbor collection, Moravian Provincial Archive, Brno.
82. This fence is visible in the foreground (and, to the right, in the background) of the photograph of the mortuary published in the *Festschrift* (Figure 21). I do not have an image showing the gate, but am assuming its existence.
83. These benches are indicated on the elevation and plan of the east façade of the building reproduced in Vybíral, *Junge Meister*, 127.
84. This route is not suggested by the floor plan, which does not show a door into the northernmost niche in the funerary spaces. But a door exists there today, which forms a logical part of the composition and is identical in design to the door leading into the sacristy. If mourners entered through this door on the north flank, as I am suggesting, they would have followed the same looping route as we saw at Steinhof, entering the building directly into the room for laying out, proceeding into the chapel, and leaving by the centrally-placed front doors.
85. The intention of the planners was that the mortuary building would be screened after a few years by a dense grove of trees. The brief referred to the site for the mortuary being "screened by plantings of trees" ("Bericht des mährischen Landesausschusses über den gegenwärtigen Stand der Errichtung der Landesheil- und Pflegeanstalt in Kremsier (Nr. 379) Beilage 2: Bauprogramm," 16) and plantings are indicated in the site plan and visible in the photograph published in the *Festschrift*.
86. I have not been able to find a floor plan for the basement level, but the existence of the well (indicated in the ground floor plan) and door into the basement level suggests that this was the intended access route for attendants delivering corpses. Návrát, in the *Festschrift*, refers to the part of the basement reserved for the use of the residents of the service flats (presumably reached by the staircase to those flats situated in the southwest corner of the building), and to another part, with separate access from the outside, for the *Leichenkeller* and the coffin depot (Návrát, *Die Entwicklung des Irrenwesens*, 49).
87. I have not been able to see the interior of the chapel myself, and am drawing here on Vybíral's description (Vybíral, *Junge Meister*, 141).
88. "Bericht des niederösterreichischen Landesausschusses über die Vorarbeiten," 67.

89. "Bericht des niederösterreichischen Landesausschusses über den Landtagsbeschluss vom 9. Juli 1901," 41.
90. "Bericht des mährischen Landes-Ausschusses betreffend den Neubau der Landesheilanstalt in Kremsier," box 6822, folder 102718, p. 6, Zemský výbor collection, Moravian Provincial Archive, Brno.
91. The elevation and plan are reproduced in Vybíral, *Junge Meister*, 127.
92. Vybíral, *Junge Meister*, 246–56. Vybíral illustrates Hoffmann's drawing from *Ver Sacrum* on p. 259.
93. For Olbrich's Darmstadt house, see Ákos Moravánszky, *Competing Visions: Aesthetic Invention and Social Imagination in Central European Architecture, 1867–1918* (Cambridge, Mass.: MIT Press, 1998), 147. For Bauer's Reißig Villa in Brno, see Vybíral, *Junge Meister*, 78–79.
94. Karl Richter, "Krankenbewegungen der niederösterreichischen Landes-Irrenanstalt in Wien: Statistischen Daten aus den Jahren 1865–1906," *Psychiatrisch-Neurologische Wochenschrift* 9, no. 27/28 (1907), 230–31.